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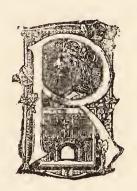


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CONFESSIONS

OF

AN ENGLISH DOCTOR



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Confessions of a Doctor

CHAPTER I

WHEN WE WERE YOUNG

Allow me to give a few thumb-nail sketches of myself and a few friends. I went to Edinburgh to study medicine, after being coached specially for the preliminary examination. did not feel in the least inclined to become a model student: I was to some extent interested in the subjects which I had to study, but I occupied myself with so many things in general that I could never approach anywhere near the exemplary. Indeed, I always looked upon an exemplary student as a most uninteresting narrow-minded, and one-sided specimen of humanity. I attended nearly all lectures, it is true, partly because I was interested, but also because I felt I ought to do so; but I was not inclined to spend much time over medical books. I liked to be left alone to study anything I chose; and what I liked best of all were "the affairs of men." my early student days I found so many opportunities for learning everything, including just a little medicine and surgery, that life in Edinburgh was to me most entrancing. Almost every pursuit appeared to be within my reach in this wonderful city. In the past, living in the country where I had had but a very few friends of my own temperament, and

only a limited supply of books from which I could extract any delight, I found few opportunities to do or learn anything, except a very little at school.

As a student I learned the city of Edinburgh from Holyrood to beyond the Dean Bridge. I studied the people and their ways in a manner that would have brought me first-class honours in any examination on peculiarities of character and human disposition; I moved about everywhere and took everything in; but for quite a long time I never creaked a lounge chair or wore study coats for the sake of hard reading. After a year or two of a life of laissez-aller, however, I began to think of the future. I saw some of my friends developing successfully, others proving miserable failures, and I began to be alarmed. I decided to wean myself gradually from the world, the flesh, and the devil, and to begin to study. With increasing determination I plunged into work, creating no small astonishment in the minds of all who knew me well. worked and worked, flew through first and second examinations at lightning pace, only stopping now and then just to keep my health in order. Then I paused a week or two, before taking a plunge for the final examination, for which I decided I would work more than ever. Facing great odds once more, I now thoroughly loved the subjects of the final. I resolved to study them as well as ever my powers would allow me. last I passed all examinations necessary and received my degree.

Now I beg to introduce a few friends of my student days, and I must do so rapidly, for I have a great many subjects to deal with afterwards. Some are now doctors, others not.

Dr. Ralph Robinson is a good example of a man who won many medals as a student. He always looked pale and preoccupied, as you may see him now, and he had very few friends beyond other candidates for high places. He was the wonder of all the "wasters," and often gave them a shudder of shame as they passed him, they felt so small beside him. He was inclined to be rather peculiar in his disposition, habits and dress, but that was all excused because he was considered clever. He is now in a very modest country general practice which he bought at a high price, having been cheated in the transaction, and he does not even create the impression in the community he works amongst that average practitioners do; in fact a good many fight shy of him. "He may be clever," people say, "but no one can see where his cleverness lies." He has great difficulty in keeping his practice together, and looks like losing it all in time.

Dr. Korson Richards always appeared to be far too clever to ever succeed in the world. He was also several times a medallist as a student and is now very highly qualified. He intended being a consultant as soon as he could, after qualifying, and he worked for a few years with this object. But patients did not come. The fact is, he always dressed badly, remarking that clothes do not indicate brains. Patients cannot to this day be induced to believe in him, thinking there is something uncanny about him. He at length decided to go in for general practice, after coming to the conclusion that the world was overrun with consultants, and now report has it that he is hardly earning his rent after six years in the provinces.

Drs. Brown, Jones and Robinson, are three medical men of the same type, who did very well as students, all gaining medals and taking good degrees. They also took part in athletics. They worked hard, after receiving their diplomas, and took an intelligent interest in matters outside their own particular work. They began practice by getting small hospital appointments, and, rising by degrees, they were soon able to pay the rent of a good West End address each. But patients came very slowly. After several years sticking to it they managed to make a few pounds, and they are still rising slowly but surely. These men would have done better if they

had not taken hospital appointments, which are so apt to make a man very exalted in his own estimation, and which give him a haughty and superior sort of style that private patients do not like.

Dr. Levelhed has done well. He was a medallist and honours-man as a student; a good fellow at athletics and cheerfully disposed towards everything and everybody. He took tastes of the world as he went along and learned a good deal of human nature. He had private means and a father with influence. His path was well swept for him from the first and he walked along it to great success, hardly ever soiling his patent boots even in bad weather. He was always broad-minded and often saw two things at once. He did not allow a medal to spoil him as a student, and used to celebrate the event of receiving one by entertaining the rowdiest. always knew exactly when to stop and what steps to take when in difficulties. He could change a laugh into seriousness as quickly as thought. A smart man I well remember him to be, on all occasions. He could sing a song at a symposium or work out a scientific problem with equal zest. He has eminently succeeded in practice, and I am not in the least surprised.

Dr. Horace Harmless was a "good young man" as a student. He was a rara avis and was thought a great deal of by the Rev. Evercare, who knew medical students as a class to have a very bad name. He worked and never "wasted." Therefore he was as guileless and innocent when he qualified as when he left home for the first time. I lost sight of him for many years after he obtained his degree, and had never even heard of him until I received a post card from him one morning:—

"Come and see me if you can: ill in bed and going to be operated on." I called at once and gave him comfort as far as I could. As I sat by his bedside we fell to talking about our careers since qualifying for medical practice, and he un-

folded a story of his downfall which rather astonished me considering his clean history as a student. Temptations came thick upon him when he started in practice, and his spirits being elevated with success and the high opinion of his friends he gradually poured over, so to speak. There he was, in hospital, calmly contemplating his "unaccountable" misfortunes. He had fallen into the hands of the seductive, designing and unscrupulous. He had not learnt anything of the world as a student, and therefore did not know how to keep his elbows off the "wet paint" afterwards. He managed to make a living as a doctor, but nothing would ever make him the man the Rev. Evercare so frequently declared he deserved to be—the great man he promised to be when a "goody-goody" student.

Martin Makepace was until recently a billiard marker somewhere in America. Now I hear he has improved considerably and is a dispenser in an East-End "Doctor's Shop." He did fairly well at school, but went headlong to the bad as a medical student. He was one of those fellows who could run evenly while someone had him in hand. He was a good boy while guided by masters, but once the reins were loosened he went hopelessly to the bad. At present he is quite reformed in character, as he really ought to be at forty. He now says he wishes he could begin again at twenty.

George Strangeless was formerly dux of his school, and captain of games. His is an astonishing case, and rather hard to understand. He left school loaded with scholarships, but never afterwards passed a single medical examination. His career is almost exactly like that of another fellow, Frederick Noughton, who passed highly from school and was a good athlete too. Both these fellows did well in work and play, before they became medical students, but they did nothing but run to seed afterwards. They both lacked self-control and proper judgment. They could trot as steadily and speedily as

thoroughbreds while they had a good bit in their mouths, but once they felt their freedom and lost their rider they fouled barbed-wire at every turn. Many times they have nearly broken their necks down pitfalls. I need hardly tell you what these two men are doing now.

Dr. Edward Calling was, and is now in many respects, an interesting man. He seemed to do very little work as a student but always managed to "scrape through" his examinations. He took great interest in the world in general, and was very fond of acting as secretary or organiser when any club was started or any entertainment proposed. He is now Mayor and J.P., having a large general practice in a town where he has made himself extremely popular amongst all classes.

Dr. Henry Calmley is now practising at the Cape. He was a quiet student, and, although rather careless and indifferent, he passed his examinations at the proper time. He did nothing much in the way of practice for two years after qualifying, either as assistant or anything else, preferring to sport about the country. He was earnest, in a way, but never felt seriously disposed to practice his profession. Never a real waster, he was heavy and phlegmatic. When I bade him goodbye before sailing he said he hoped to get some good shooting if nothing else. When war broke out I heard he took a rifle and bandolier instead of surgical instruments into the fray. He joined Kitchener's Scouts and much preferred shooting Boers to practising military surgery. His father was a "gentleman," and had never been known to do anything in his life.

Sharpe and Smith never got through any examinations. Students' life seemed too much for them. They appeared to be carried away by the slightest temptation. They both had brains of some sort and are now using them. Sharpe, although at the present time in England taking a holiday, has recently been touring as a lecturing quack and lightning tooth extractor

in the Antipodes. Smith is now acting as a highly-paid chemist's assistant in an English country town, having brought about the death of his disappointed parents, and the disgust of his brothers and sisters. He drinks.

Dr. Robert Changling was a student you could scarcely find much fault with; yet there was then, and is now, very little in him to praise. He went medium in everything and passed his examinations at the right time. His relatives were all very pleased with him, which made him still more pleased with himself. If they had not complimented him so much it would probably have been a great deal better for him. He seemed to consider that getting through his final examinations was tantamount to reaching the zenith of all things, so he settled down to listless and apathetic self-satisfaction, neither caring to practice nor in any way attempting to keep up his knowledge—but always, mind you, trying to give his friends and relatives the impression that he would do wonders if he only cared to practice. He lazed away like this for two years, then to satisfy some who began to think he was not really qualified, and others who were too often taunting him for not being "up to much, after all," he took an assistant's post. He had not been doing duty long before he began to develop the conviction that he knew more about the ins and outs of the profession than his chief did. His services were naturally soon dispensed with, and now he is assisting some company promoter, having denounced medicine as a "rotten profession." He is particularly fond of motor cars.

Dr. Arthur Blessan had rather a mixed experience before he became the sober practitioner he now is. Like myself, he fancied the world much better than books on medicine to begin with, and he did not write home such satisfactory accounts of his goings-on as his father thought he ought to do. The time came when letters became alarmingly scarce, and what few there were were noticed by his father to be folded down

the middle, as though they had been enclosed. They always bore the Edinburgh post-mark however. His father took it into his head one day to journey over to Edinburgh to see what his son was really doing, and to his astonishment found that he had been away from his lodgings for several weeks. He had been sending letters from Glasgow to his Edinburgh landlady for her to post. Going over to this city, the father found him walking one of the principal thoroughfares with a pretty, fair-haired damsel. So A. B. had money given him that same day for Australia, as well as a few tear-besprinkled and mixed blessings from his despairing parents. good deal of roughing it for some time, on sheep farms, and as mailcart driver, he suddenly received the news of his father's death and an intimation that money was waiting for him. returned at once to England, and before very long took up quarters in Edinburgh again. Fortunately he had been quite forgotten by his old masters and associates, after some eight or ten years' absence. He started to work attending lectures and hospital again, and made a model student. In a very short time he became qualified. I admired him very much for this exhibition of pluck and determination.

I could introduce the reader to many fairly successful medical practitioners of my present acquaintance who were good average men at everything as students; at one time doing a little work, and at another "wasting;" doing nothing very thoroughly but going a jog-trot through everything that came in their way. Some of those I am thinking of at the moment had either some means, and they bought practices after qualifying, or they stepped into their father's positions; one or two without means began practising as assistants, either to remain as such or to become junior partners eventually.

I ought not to forget Dr. Norman Pamperd whose career is somewhat note-worthy. He was an only son, and therefore a good deal petted by a fond mother and three or four sisters.

They all made so much of him that he did no work for examinations. He soon passed from careless to reckless; and temptations dragged him down lower and lower, until he developed distinctly evil tendencies. His mother and sisters eventually grew quite ashamed of him. At length his father gave him an ultimatum, which was disregarded, so our only son had to pack his gear for America. After a time he became repentant and contrite, and a few letters written by clumsy, frost-bitten fingers from some frigid northern region softened the hearts of those at home. He had his return passage-money sent him. When I knew him—at the time he related the above history—he was once more attending lectures, having renounced the pomps and vanities of this wicked world for ever. He passed his examinations at this second time of asking and is now doing well in practice in the Provinces.

Dr. Rushley Reid was an interesting type of student. He had a stronger devil-may-care spirit than any man I ever knew—and he had brains withal. He recklessly rode through the ranks of the peaceful and raided into forbidden territories with all the dash of an outlaw. But now and again he would plunge into work, and all of a sudden turn up at the examination room. Often he failed; but by turning repeatedly back he ultimately scrambled over. He became qualified in the end. For many years I lost sight of him. One day, however, I was driving home after a round of visiting and I met him in the high-road. There was no missing or mistaking him. I noticed someone coming along the road in the distance, in a doctor's gig, driving furiously, and when near enough I soon recognised the eagle eye and resolute countenance of my old friend. "Hallo! What the deuce! Why, I remember your face!" was his first ejaculation. I soon explained that I was practising in the neighbourhood and was making my way home if he would drive along with me—only close by—and take some refreshment. He was

glad to hear of any refreshment going, and also somewhat pleased to see me, so he acquiesced to my proposal. his experiences since I last saw him, many years ago, soon came out, for he did everything quickly. After becoming qualified, his father was so pleased with him-having always considered him hopeless—that he invested a little more than a thousand pounds in a practice for him. And a capital practitioner he proved to be for a time. He made a great impression at first; but after a week or two he thought he would like a little excursion from home in order to "look up" an old friend or two. He went away "the inside of a day," on his own quiet resolution; but in the delirious excitement of the occasion, when he got clear away, he was "quite overcome," and he remained away from his practice three whole days and nights. Of course patients and practice suffered on this account, and he was looked upon as a questionable and unreliable practitioner. Several times these little outings were repeated, and there were rumours in the neighbourhood that there were lively goings-on when the doctor gave house parties; noisy company was being constantly entertained. Within twelve months he sold his shattered practice for one-fourth of cost price, and went to London to enjoy himself after "a season of hard and worrying work," as he described it. He soon spent all the money derived from the sale of his practice, and when I met him driving he was acting as locum tenens for some sick practitioner—or rather he had driven some distance away, as he said "to see what the horse was made of, just for a little change, you know."

Dr. Hurrell-Brown, scarcely deserves to be immortalised in print, but I will give a lightning sketch of his career by way of illustration. He was rather wild as a student, and after being sent to first one medical school and then another, so that he might be drawn from bad company, he at length qualified. He would not have had a farthing to invest if he had not possessed

the good opinions of a man of means and of the world. This patron believed in Hurrell-Brown because he was a good judge of a racehorse, and could play a game of billiards; he thought him a "smart" fellow, and he offered to lend him money to buy a practice with, feeling sure that he would "make things hum" in his profession. Events showed, however, that the patron had made a mistake. Hurrell-Brown bought his practice and settled himself in it; but he was too fond of giving people tips for races, and too often to be found in the billiard-room of a local hotel. General opinion soon went against him. In less than a year he sold the remnants of his practice at a great loss. Then he went as assistant somewhere, and I lost sight of him; but I have heard that in this position he made a first-rate junior practitioner, when he was well looked after and kept in order.

CHAPTER II

TO BE OR NOT TO BE-A DOCTOR?

Most doctors would rather confess themselves to be exactly what so many of that great laity, the general public, think them to be, naturally; but I must needs make myself an exception. What is a doctor in the eyes and estimation of the majority of people? He is a well-dressed man, almost invariably having pleasant manners and a nice disposition; well-off as regards means; having a good-sized house, a pleasant and often pretty wife, a first-rate horse or two, and an assortment of driving conveyances. He is accounted a sort of autocrat, who is living comfortably and taking delight in responding to the many calls of the sick and needy, for the love of the thing and for the sake of having something to drive out for-a kind of personified benevolent institution, who is nice because it is his nature, who has such a comfortable and easy time of it that he could never very well be worried, and would not make much of a fuss even if he were not well paid by his patients.

But what is he, really, as a rule? He is well-dressed, because he is obliged to make a study of his appearance. It pays him to do so. Keen competition makes him alive to the fact that he may make a better income if he is dressed properly for his part. There is nothing extraordinary in this business idea of his. One could not very well blame him for it. It is very human and very sensible after all. He is a nice man and has almost invariably pleasant manners because he finds these

to be advantageous to him. But it is absolutely true that he is capable of going into as fine a rage as anybody else when he dare, or when he thinks it proper to do so. Probably the most successful medical practitioners, taking all things into account, are Irish doctors, because they can so easily and readily apply an appropriate mood to varying situations and conditions. Some doctors would even be inclined to firmly advocate pleasant and happy manners under all circumstances. I am thinking of one successful practitioner at this moment who is a member of this order. I verily believe he would allow himself to be kicked, and still would present the other shin rather than be angry. He seems as though he were determined to play the pleasant practitioner for all it is worth. Consequently he has an enormous number of badly-paying patients, who consult him for what they can compel out of him, taking advantage of his invariably kind and nice disposition. He is successful, but worked to death. He is not happy, still he smiles.

Is the average doctor so well off as he appears to be? Of course not. His taking a very imposing house, his driving smart carriages and horses, his subscribing loftily to local institutions, do not indicate that he has a great deal of money to give away, but merely that he thoroughly appreciates the advantages of appearing to be particularly flourishing. His large house has very often only a few rooms furnished, just those his patients see.

And the doctor's wife very soon learns that she must also be much pleasanter to her husband's patients than to those people who are not. The clever wife will thus help her husband considerably, while on the other hand, the jealous one, who thinks her husband is much nicer to his lady patients than he is to her will often occupy apartments on "her own side of the house."

A doctor's horses and traps are not always his own, but often merely hired. Instead of being delighted when called to a case, because it gives him an excuse for driving out, he will generally calculate most carefully whether the patient is good enough to attend considering the expense of driving.

He is supposed to have too pleasant a disposition to be ever frowning, but I should say that no members of any profession or trade are more worried or more harrassed in secret than the medical practitioner. His worry is not seen, it is behind the mask of pleasantness which he is obliged to constantly wear.

Doctors are often supposed to be so well-off and so benevolent that they will attend the sick for nothing, if a suitable case can be made out. Therefore a great many of the general public make suitable cases out. A doctor's bill will often be either ignored or paid the last of all, because the patient thinks he is so nice that he hardly seems to want money. Indeed! Where is the doctor who does not want money? On the contrary, most of them only wish that they had some sort of Profession's Protection Society, which might collect their debts for them, so that they might be relieved of the unpleasantness of having so many applications for payment entirely ignored or insolently disputed, as the case may be.

As a rule, doctors hate one another like poison! Oh, yes, this is an absolute fact. You take notice and you will be able to prove the truth of this confession. Try your own doctor, my good reader: ask him what he thinks of some other doctor you may mention, who lives and practices in the same neighbourhood. Ten out of every twelve doctors nourish the heartiest hatred of their fellow practitioners. And why? Ask me why two men after the same girl hate one another? Why does not the dog like to see the cat stroked?

A medical man is absolutely the most dependent individual practising a profession you could find. You hardly ever meet a doctor who is a strong politician, for the one who is a conservative might offend those of his patients who were liberals. He will be wise, of course, if he eschew all controversial

questions. A few of the more enterprising practitioners cultivate lightning-change policies of all sorts, in order to keep the peace and felicitate everybody if possible. You may find an odd one here and there who will go hot and strong for one side, it is true, but his courage is kept up by the fact that his work lies in those quarters where he will gain much more than he will lose. A good-class doctor may be well-advised to be a conservative or a unionist in politics: but one who works amongst the middle, lower middle classes, or who perchance owns a dispensary in the East End as well as the West, had better not let his left patients know what opinions he has given his right.

* * * * * * * *

As a rule, boys think very little of their future: this is only natural. Their mind is of the comparatively careless, gamesome, and light kind, as it really should be. Your very thoughtful and serious boys are prodigies who may cause much trouble and anxiety in the future. To be a man at a boy's age is unnatural: such an abnormality will not be likely to make for the best of everything later on. There are exceptions, of course. Some eminent men have been known to be very precocious as children and quite little men as boys, but I could give many examples of similar children and boys developing into eccentric individuals, requiring a domestic care and attention usually suitable to babyhood, or even the restraint of a lunatic asylum before many years have passed.

Boys should be boys, therefore, if they are to make right men. One may notice a class of boys, who are "regular boys" on the one hand, but real brainy ones on the other: these seem to me likely to turn out the best men. They learn a little of everything, and they are capable of focussing their abilities in certain directions when occasion demands; not always inclined to play, and not always inclined to pore into books, they seem capable of turning their attention to either one or the other with equal diligence and intelligence.

One often observes such boys doing well in their mental work and their physical games also: anything they undertake they seem to succeed in.

Again, there are some boys who appear to have brain enough for anything, but who lack self-control and breadth of They may be able to accomplish great things when put down either to mathematics or cricket, but the judgment requisite for drawing lines in conduct, and determining where one effort shall begin and another end, is weak, and the power of acting on a judgment still weaker. Consequently we see examples of clever boys who afterwards fail in the world, because their cleverness has not run in varied and safe channels: they fail for want of a little suitable help or guidance at exceptional moments, when really needed, or on account of extreme weakness in self-regulation. For instance, a school-fellow of mine was a smart boy, and he did well, both intellectually and physically, at school. He gained scholarships, while he also took good places on the athletic But here is the point: he did well only while those in authority directed him. He was the most plastic of clay in the moulding master's hands, and he picked up hints on the cricket field as easily as he responded to coaching in class. This boy was marked out for distinction in the future. what happened? He left school and went rapidly and absolutely to pieces. He struck out right and left, encountering everything his fancy led him against, and, of course, he picked out the most fascinating and pleasurable diversions. He continued intelligent and diligent it is true, but now that the old guiding influences were absent his abilities were let loose to run riot along various unsatisfactory channels. year or two the lad became as expert a backer of horses as he had been a former solver of Euclid problems, lacking that judgment which could decide that the former was a perilous course to pursue while the latter was not only harmless but led to higher and safer things. Clever and energetic, but wanting in breadth of judgment and power of self-control, this lad soon worked his destruction.

On the other hand you may note instances of boys being apparent duffers during their school days, both in school and at games, and yet developing into eminent men, in the long run. There are all kinds of boys.

Then where is the boy who really gives promise? Can we distinguish such an one? Is it possible to determine exactly what it is that makes all the difference when the time comes, given all parental influences that are satisfactory? It may appear only necessary at first to take the measure of the boy's brain capacity. But here is the difficulty! A boy may look a fool when he stands before his master unanswering; but he may really be one of the smartest, however, who has simply chosen to collect bird's eggs or butterflies after being told to prepare certain work; he may be a boy who is simply inclined to have his own way.

The brain of a boy takes a good deal of knowing. I have watched most closely the careers of a good many of my old school-fellows, and I have found aforetime fools (supposed) develop into splendid men afterwards, and clever book-boys pass rapidly to extinction. I have learnt that the size and quality of brains are not always what they at first seem. I have given for the reader's early consideration in this book some points respecting the character and possible future of young men and boys in general, so that some idea may be gathered as to who are suitable and who are not, to encounter the study requisite for becoming a medical practitioner—or, indeed, any profession whatever. I desire to emphasize the point that it is very difficult to prognosticate how certain boys will develop in later years.

Even the sons of good doctors do not always follow certainly or faithfully in their father's footsteps. Sons of parsons are

not always pious. I am distinctly of opinion, however, that sons of doctors have many inducements and advantages under their fathers if they will only take them. They are brought up in an instructive and practical atmosphere. They may acquire little bits of information respecting the work of a practitioner which will stand them in good stead all their lives. If they inherit a fondness and an aptitude for the profession they have great chances of becoming first-class practitioners. As boys they will doubtless learn enough of the routine of practice to enable them to help them to decide whether they would like the practice of the profession Hence, once they start, they will be the more likely to proceed happily and smoothly to the desired qualifications. Sons of doctors may desire from the first to step easily and comfortably into their fathers' practices one day; but, on the contrary, they may fight shy of the calling, should it not seem sufficiently fascinating or lucrative.

Again, it might appear that some young doctors do better for having had little or no way prepared for them. If it is known that a nice large practice will fall to them on the retirement or death of their father, some young men will be inclined to view the future with a too complacent expectation, taking things too carelessly and loftily. Men who have to make their way up every step will often reach greater heights in the end than those who have been helped many times. No two young men are alike. Some of the highest positions of all have been reached by those who have relied fully upon their own powers, exerting themselves to the utmost at all times.

* * * * * * * *

For the information of any sons or parents who should dip into the earlier chapters of this book in order to obtain some idea of the prospects which the medical profession holds out, I would like to add a few further remarks. I know of no profession which is more delusive. Things are by no means what they seem. It is probably the hardest profession of all to enter. It certainly requires more money and harder study than any other; and the chances of reaching real success are comparatively small. No one would deny that it is a splendid and noble profession, but in practice it is the hardest working one in existence. Any man entering it, to be successful, must of necessity be a very hard toiler, first to enter and then to succeed in practice.

To many parents there is a fascination about the medical profession which makes them persuade some of their sons to study for it. Practitioners themselves are sometimes desirous that their sons should follow them, generally because it seems that these sons, having the chance of a fine lead and a smooth way prepared for them, will have all the better chance of success; but, in the estimation of many fathers who are not medical men, there is something noble and eminently respectable, something so gentlemanly in the profession, which inclines them to choose it for their sons. One father I am now thinking of strongly wished his only son to become a doctor, not because he thought he would be financially successful—that did not enter his head—but rather because he deemed the profession to be smart, upper-class and showy. Naturally, the father was not a man of any profession at all himself; he had risen in the world to the extent of possessing a small but profitable business.

How little some parents are aware what studying for the medical profession means! They have no idea what work is required to pass examinations in these days. And the sons also: they often imagine, before starting, that studying for the medical profession constitutes a game of walking up and down hospital wards, feeling pulses, manipulating stethoscopes, and flirting with nurses, while now and then lectures are

attended and some books read. But the truth is that there is no other profession that requires anything like so much hard work and study. The small percentage of students who ever pass their final examination, out of the large number entering, would astonish some aspiring and sanguine parents.

General medical practitioners are the hardest worked professional men in existence, the average of them. The majority are tied down to an incredible degree, not being able to leave home for many hours together, only getting one or two weeks' holiday in the year—and very often they cannot well afford to have this, for they have always to pay others a high price to do their work when they wish to leave home. They rarely have a couple of hours out of the twenty-four to call their own, having to be prepared for emergencies at all moments, night and day.* Those who are not medical practitioners cannot realise what such a tie means. Some doctors work in partnership; this allows more freedom; but only a few of them are able to work well and properly together, even if the size of a practice would sustain the working of two in it; and assistants will not always be received by patients.

Therefore on account of one thing or another, a doctor's life is anything but a very desirable one. I have worked hard as a medical practitioner, and have been unusually successful, but I honestly advise those who have the slightest thought or inclination for any other profession—or even business—to leave medicine alone. A doctor's work is by no means so well paid as it ought to be, considering the worries and anxieties attending it. Only a very few become rich, and many have to keep up an appearance that drains profits to the dregs. I write it with all honesty and sincerity, the profession is not worth all the trouble and expense to get into it. I love the work connected with it as a scientist, and

^{*} If they are not thus at home, prepared, they are likely to lose some of their patients.

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therefore should ever interest myself in all that belongs to it; but as a calling, or means of getting a living, I have a very poor opinion of it, though I myself have been eminently successful against very great odds and difficulties. Therefore my advice to those who think of entering into it is—Think twice.

CHAPTER III

DOCTOR AND PATIENT

What kind of doctor inspires confidence? What is it that certain individuals possess that gives outsiders confidence in them? Let us pay some attention to these questions for a moment.

There is one kind of doctor who is likely to inspire confidence with many, the man of mature age. A large number of the general public believe in a mature age, naturally. They will not have faith in an old man declining in intellect, of course, but they will have implicit belief in one who, they imagine, on account of his years, must have had a good deal of experience. It is no use for young doctors to argue that they have gone through a longer period of hospital training as students than the older generation, and that they are more up-to-date, for there are many people who will only be guided by appearances, and who will look to age as evidence of experience before anything else.

It seems very hard that young men of great ability, who have even had large and crowded experience as students, should be handicapped by being or appearing young. I think that this disability alone constitutes a most serious drawback to young men entering the medical profession. If a man wish to encounter general practice as a doctor, it is no use his being clever and appearing very young; cleverness or ability is not of much use unless a practitioner possess the means or capability of inspiring confidence. But,

in practice, if you are grey or bald you need not necessarily be clever to be successful: this is the argument. A student recently remarked to me that he thought twenty-five years of age rather old for becoming qualified. "The older the better," I replied. "You will do very little good to yourself before you are thirty, if you enter into a purchased private practice." I repeat it, that to feel able, and even to be able, to prove one's capabilities, and at the same time to be prevented from advancing in practice simply on account of age or appearance, is disappointing in the extreme, and may lead to utter despair. I make a point of referring to the drawback of a youthful appearance, because I know there are so many excellent men who do not bear this in mind when first taking their diplomas, and who jump rapidly and rashly into some kind of practice on their own account only to fail in it. I have known some of the cleverest men to be turned politely away from houses they have professionally visited on behalf of their senior partner, because they have looked so young. But we cannot blame the almighty general public. People must have their own opinions, and must be guided by certain indications. All I need say further with certainty and freedom is, that any appearance of mature age-leaving alone scientific knowledge—helps very considerably to inspire confidence in a doctor.

As well as facial features, general personal appearance also inspires confidence to some extent. It is advantageous to look "every inch a doctor." Some will argue that professional men are not made by frock-coats and tile hats, but the fact remains that a doctor is more of a doctor, in the eyes and estimation of the public, if he dress as one.

Style, or manner, is also of the greatest importance, if a doctor wish to be believed in. It will be well understood by the reader that a man may suggest to an observer that he is either a surgeon or a butcher, according to the manner in

which he proceeds to roll up his sleeves and to brandish his knives; and the opinion of an on-looker will be further governed by personal appearance or by certain words uttered at the same time. It is not perhaps easy to explain it, but there is a doctor's style just as there is a clergyman's. Ordinary people refer to it and point it out, so it must be there. "I could tell he was a doctor by his style," one sometimes hears an observer remark. On another occasion, someone pointing out another practitioner will opine, "I should not have taken him for a doctor, judging from his style or manner."

The most powerful creator of confidence of all is reputation, of course. If a man be spoken of as possessing many and great abilities he will be sought after on this account alone, whether he be old or young, married or single—and, moreover, whether his abilities were real or spurious. Common reports concerning ability or knowledge are generally remarkably varied, however, about any medical practitioner, no matter how eminent he may be. Good opinions are rarely quite universal; practitioners are carried to success upon the wings of a majority of good opinions. There never was a doctor living who had no enemies! the best man in the world can find people who speak against him. Every doctor without exception threads his way through a mass of varied opinions, good and bad, and is successful or not according to which kind adhere to him in larger quantity. He may have any amount of tact: in earning good opinions he may at the same time adroitly avoid a good many bad ones, or he may be able to neutralise them by some antiscandal process before a large number of the public notices them; thus he may influence the balance to his own advantage. It is the majority of favourable, or of unfavourable opinions, in thousands of chances that either makes or mars a doctor.

The practitioner without an enemy suggests a wheat-field without a weed—an impossibility. I have searched out all

sorts and conditions of medical men, and the very best, and most popular, and most guileless man I have ever been able to single out has had his enemies, plenty of them. The reader will perhaps accept this the more readily when I draw his attention to the fact that any man who charges proper fees must have enemies of some kind, at some period or other of his experience. There are some people who would be discontented if they got the whole world as a gift, merely because there appeared so little chance of getting any more worlds on the same terms. A very god of medicine could not please everyone. Even "first come first serve," for nothing, would not suit all, unless the god were capable of ubiquitous and perpetual motion.

There will always be enemies, also, while there are accidents or mistakes made; and there is no man living or dead who has not made mistakes. A member of the laity once gave me full particulars regarding the illness and death of a relative of his. He explained that the recognised greatest professional authority on the particular class of disease the deceased had suffered from had been consulted, but an operation had revealed that his diagnosis had been quite wrong. The patient died as a result of the operation! Thus did this consultant of eminence make enemies. Such is human fallibility!

It is very entertaining to move amongst the laity and hear their accounts and opinions of well-known doctors. One learns this fact, that, as long as people differ, so will opinions and criticisms regarding any man, whether he be a doctor or anyone else. I once built up a practice out of the enemies of all the other doctors in the district. I was young and energetic. I decided to practice in a provincial town, and I put up my plate on the front door of a house there, for richer or poorer. I had not been long in the place before an elderly practitioner called upon me, partly, he explained, on the subject of professional etiquette, but, also, more particularly in order to give me some kindly advice as to my future. He

heaped up disadvantages of all kinds, telling me of the great mistake I had made in coming to the place, and wound up with the terrible truth that there were already twenty doctors practising in the neighbourhood. I asked him if he would take anything, by way of refreshment, and then casually replied that I should on no account leave the place. I gave him my opinion that any district that could hold twenty doctors could hold twenty-one, if the twenty-first were sufficiently capable. I told him that I was delighted to have an interview with him, being reassured that there was an opening by the very fact that he was prepared with so many arguments that there was not. In the fulness of time, out of the twenty doctors referred to, my interviewer turned out to be the man who suffered most from the building up of my practice.

Any average qualified man can get a living in any place where there are twenty doctors—also getting good livings in practice—by merely taking as patients a few of the enemies each man is bound to have. Dissatisfied patients of well-established doctors are rather fond of consulting quite a new arrival in the place, provided everything about him seems satisfactory. But he must be an average man: a fool would suffer for his boldness.

Confidence, indeed! Why, to this day I know of people, living in houses having rents of between seventy to a hundred and fifty pounds, who have faith in certain quacks and chemists as against qualified doctors. Let the reader take note of this in considering the subject of confidence. One lady I know has an undying belief in a certain quack herbalist, simply because he once gave her a packet of charcoal to take for her depressed spirits. He used to give charcoal for nearly everything. By accident it helped to cure her dyspepsia, which neither he nor she knew she suffered from, and which was the cause of her feelings of depression. After this she thoroughly believed in

the man for ever as being a miracle worker for every disease. Very trifling things often lead to great convictions.

Single lucky cases are often the cause of everlasting confidence being placed in a doctor's all-round abilities by certain people. A homeopathic practitioner once told me that he built up his fortune upon the reputation that a case of cutthroat once brought him, though he readily admitted to me privately that he had displayed no more than a first-year student's ability over the case. His uprising seemed to have been due rather to the down-fall of another man in the story than anything else. The facts were these: A chicken-hearted practitioner had been asked to see the case first. He was a doctor who had few abilities and very little practice—though, by the way, highly qualified as far as examinations went. When he arrived at the house of the patient he was asked into a room where he beheld the ghastly sight of a man sitting upright in a chair with his throat cut from ear to ear, his head hanging over the back. The blood and general appearance of the case gave him such a shock that he hastily uttered the words, "No hopes, he's gone! I can do no good," and precipitately left the room. He was obviously terrified beyond all control, and instantly concluding that either the man was dead, or that he was certain to die—it did not matter which he was only too glad to get out of the way of the sickening spectacle. But in the general scramble for a doctor a homeopathic practitioner had been also sent for. He arrived immediately after the nervous man had left. He was told that it was now no use seeing the patient, that a doctor had pronounced him to be dead. He thought he might as well have a look at the man, notwithstanding. He went in and examined the patient calmly. He brought his head forward on his chest, and observed him to be still gasping at very long intervals. He fixed his head and put in a few stitches. He administered strong restoratives, and gave slight hopes. The patient recovered, as the homeopathic doctor boasted, by means of "only some pilules, which I administered first to restore life, then to put the blood in a good condition so that healing would take place." The patient and friends in this instance had some influence in the district, and gossip was let loose all over. The homeopathic practitioner's name was mentioned everywhere, and he became the fashionable doctor of the district in a short space of time.

Lady doctors do not inspire much confidence, even amongst members of their own sex. At various times, and amongst various classes, I have picked up opinions from women regarding lady doctors, and I find that the majority of women of the higher classes are sympathetic and polite towards their learned sisters, but confess that they "would not like to place much confidence in them for anything very serious." middle and lower-middle classes think that women have gone in for medicine for amusement or glory's sake; some argue that the same minds that have gone in for medicine would have rushed into a convent in more desponding moments, or, mayhap, to single-sticks in a fit of heroics. The lower classes smile when you are not looking, if you mention a lady doctor, but think that, after all, they might be useful if they were cheaper, or if they could be cheated more easily than men; but sometimes they would not answer any question on the subject, merely sniffing, evidently thinking that lady doctors were an unanswerable enigma. A man asked, "What can women do in a general hospital where men go as patients?" fact is, that patients look for strength and masculine power in their doctor, and they have confidence that men are more likely to display these qualities than women. A woman may be masculine by cultivation, but she is sure to be weak in many ways, and excusably so. A man is never expected to be weak, at any time, or under any circumstances.

To be successful, a doctor requires to exercise tact and

diplomacy more than anything. Orthodox practitioners should fully appreciate the fact that the success of quacks and unqualified men has been due to their having possessed great ability to exhibit tact, while possessing only a smattering of real sound knowledge. The quack is a champion winner of confidence. He begins his game as a showman does at a fair. He draws his audience together by demonstrating and performing a few chemical tricks first, to generate faith in the wonders which his medicines will work. He will make the crowd believe he is a healer of disease, having extraordinary gifts or powers, by sheer effect of balderdash or bluff poured out in impressive torrents from the top of a gilded car. He will show you "gravel water," and turn it into pure spring before your very eyes, while your man with a pain in his back will believe in him then and there. The quack convinces the crowd and conjures with it. He is in some sort a hypnotist. But this is not quite the tact and diplomacy I would recommend orthodox doctors to learn. I only give such examples in order to show how a certain amount of subtle and illegitimate manœuvring has the power to create confidence.

There are other and legitimate methods of winning confidence, however, that the orthodox, qualified, and learned doctor may rightly make use of. A medical missionary, perhaps, or some practitioner who cannot succeed though he have the best of all letters after his name, might be inclined to argue that tact or diplomacy, of however small a degree, that involves the calling of a spade something more than a spade, should never be practised by true and honest scientists, that it is only necessary for a man to have genuine knowledge and a bare capability of giving plain oral or written expression to his thoughts. I should like to point out in this connection, however, that mental therapeutics, of the slightly misrepresenting or gently perverting order, often make the most valuable of all treatments at the disposal of a medical practitioner; that the very

kindest, most humane, most scientific, and most successful of all methods may, in a very large number of cases, include colouring, garnishing, or even deliberate romancing. A doctor was once fetched by the husband of a woman who was said to be suffering great pain from "inflammation of the bowels." The patient was one belonging to another doctor, who happened to be out at the time. The one able to go was not quite so pleased with the call as he would have been if he had had to attend one of his own cases. He was really very busy with his own work at the time. So he went with the full intention of doing his stern-faced duty and no more. He had not seen the patient longer than a few moments before he suspected the pain was associated with an impending catastrophe peculiar to women, and therefore he proposed a full examination. The woman would have none of him. She promptly requested him to leave, and told her husband to explain to him downstairs that she desired to have another doctor. She said she had no confidence in him and would not let him touch her. As a matter of fact, this turned away doctor was a most successful practitioner, who had a wide reputation of being a clever man, and who was to my own knowledge a master of tact and diplomacy as a rule. This time, however, he had not been a master of mood. had failed to gain confidence and to win the good opinions of his patient, at the outset, by adopting some sort of manner that unfavourably impressed the patient. The patient was said to have had a peculiar disposition, it is true; but a man who was unfailingly tactful would have got over this quite easily. A master in employing tact seeks out his patient's disposition instantly, and acts—yes, really plays his cards accordingly. The result in this case was that another man was sent for, who squeezed out of the messenger-as doctors can sometimes manage to do so-the information that another doctor had already been in attendance who had been dismissed. The second practitioner was at once alive to the situation and made up his mind on the way to the house of the patient that he must be specially tactful and diplomatic in this instance, for he had probably a queer-minded woman to deal with. The patient turned out to be a contented and plastic baby in his hands; he could do anything with her, and he won golden opinions for his skill and attention.

The woman nearly died from want of immediate attention, after dismissing the first doctor. But that is a detail. The instance serves to show how the simplest tact or diplomacy, far from being unstraightforward and unnecessary as methods go, may be in some instances positively life-saving.

A doctor is entitled to make-believe and employ artifice, whether the degree be a mere exhibition of assumed and adapted manners or a positive marked deception of some sort; he may display any conceivable tact and diplomacy that will be likely to work to the advantage of his patient. quack knows perfectly well that his nostrums are not all he represents them to be; but his method becomes unpardonably illegitimate when he goes further and exercises his diplomacy to the positive disadvantage of the patient, as he does by taking fees and giving bread pills, or by declaring that his medicines will cure all diseases. It is the advantage or disadvantage towards the patient that settles the morality or immorality of methods. Even the clergyman visiting the sick knows that he must make pleasant remarks to everyone he calls upon or he will not be favourably received. In a certain sense artificial and adapted manners might be described as being simply humbug, and therefore dishonourable—a form of deception—a white lie—but under certain conditions it is quite justifiable for a doctor of either medicine or divinity to select any method whatsoever that will bring an advantage to the patient.

I am of opinion that cases of drunkenness or dementia require the shrewdest judgment, tact, or diplomacy of all, from the practitioner who is only casually introduced to such cases.

And not only is tact life-saving, but it often pays the doctor so handsomely-in one way or another. I have known several patients to have been saved from asylum life by certain smart judgments followed by exhibitions of tact or diplomacy. example, a certain lady is now as sane as any human being might wish to be, yet she was once consigned by an eminent London specialist to an asylum. The relatives were not contented with his decision, or that of some friend of his confirming it. Further advice was sought. Another doctor called in exercised a shrewder judgment; he displayed such tact in his examination that he was able to find more favourable symptoms in the case. He gave hopes and tried certain means. The first doctor referred to got his ears boxed by the patient the moment he entered the room, because he did not conduct himself in a manner that quite pleased the temporarily hysterical and mentally disturbed lady. The second doctor, however, at once proceeded to interest her as he would have done a child, and by adopting a peculiar line of conduct he found himself better able to observe the peculiar characteristics of her case. The first felt quite undone and could do very little after receiving a box on the ears; he incontinently gave his opinion that the girl was a wicked girl, "undoubtedly mad." The second said, in her hearing, "let her take this medicine, and wait until to-morrow. Do not be harsh with her in any way. She is not at all a bad girl."

The first of these two doctors will be everlastingly condemned by the patient and her friends, while the second still goes on progressing under the golden opinions earned in this instance, and also in many others similar.

It is hard to define tact or diplomacy; they are begotten of full knowledge and wide judgment; I imagine that the meaning of the words will be sufficiently well understood by any reader. It is no use trying to exercise tact if the judgment concerning conditions is wrong, and if the prophecy concerning issues is ill-conceived: and, further, you cannot arrive at a right

judgment even without exercising tact in making the investigation, through which investigation you arrive at your judgment.

A doctor often has unusual opportunities of making money and a name when dealing with cases of drunkenness; exercising his diplomacy he may, for instance, give his opinion that a certain important personage, found helpless in the street late at night by the police, is not "the worse of drink," or if he be obviously "the worse of drink," the doctor may pay a cabman half-a-sovereign to take the gentleman home and help him into his house before the police get hold of him. There are heaps of chances in the medical profession! For doing less than this some doctors have been remembered when the will was made.

As regards the management of patients, nothing will stand a medical man in such good stead as a wide knowledge of human nature. This is as important to a general practitioner as a knowledge of medicine or surgery. The doctor with a good knowledge of all sorts and conditions of men has half his work done for him before he sets out on his visiting round; he can adapt himself to each patient instantly, and in such a manner that he can draw out peculiarities or idiosyncracies with the greatest ease; he can handle uncommon kinds of characters deftly, and can adjust treatments with a fine precision to suit each case. A doctor must make a constant study of normal and healthy specimens of humanity as well as abnormal and diseased ones. And as he thus learns, so will he succeed in adapting himself to all variations; he will be ready to fit himself into a group or bring himself down to the level of an individual whenever circumstances demand such an adjustment.

If those who ever desire to become successful medical practitioners would only realise the fact that knowledge of human nature is at least as important as any subject of their final professional examination, particularly if a man is going into general practice, there would be fewer honour degrees struggled

for and better practice made in the profession. A man with every sense but common sense, thoroughly schooled in medicine and surgery but without sound general knowledge, is no good for general practice; he can obtain no hold on his people worth having; whatever his scientific excellencies as rewarded by honours or medals might be, such a man cannot succeed in practice. But the one who knows the world and its people can do a very great deal of good with even a moderate knowledge of medicine and surgery.

While rubbing shoulders with medical men, as they have flitted to and fro on their errands in the human crowd, and while singling out certain ones in order to study the points of interest in the character of each, I have pondered a while over some who have been described as "a very good man's doctor," others who have been referred to as "the ladies' doctor," yet again others who have had the reputation of being "clever with children," and still others who have been recognised as "upper ten," or "poorer class" doctors, as the case may be.

I should require the space of a whole book to deal properly with each of these types. It may be sufficient if I give a Dr. Wilfred rough sketch of one or two by way of example. Weyland was said by very many to be a good "man's doctor." Now he really became a man's doctor simply because he was not liked by women or children: he understood their diseases well enough, but he had not a sufficient knowledge of the ways of women and children to enable him to gain their confidence. Being a man of some determination and energy, with all his faults of style, he got whatever work he could and pushed away on lines of least resistance. He at length gained a sufficient suffrage of men. He is now the largest club doctor in the town where he lives; a rough and ready sort of man, who can hold his own after the manner of men, but who fights shy of the opposite sex, and is fortunate in not being obliged to turn at a moment's notice from the roughness tolerated by men, to the smoothness and delicacy necessary for women and children. He is the parish doctor also; and no one is better fitted for a position where style or manner does not matter.

Dr. Herbert Winson, "the ladies' doctor," is a man who has been brought up amongst sisters—both his own and other people's. He knows women well. He has been accustomed to ingratiate himself amongst them as a youth or student, and has therefore thoroughly learnt what pleases them. He has developed charming manners. He is the very opposite of Dr. Ernest Avebury, a man who failed in his first and last attempt at general practice, who is now a paid resident in a provincial workhouse infirmary; who never had a sister and never could get in the way of other fellows' sisters; who says he does not care particularly for the opposite sex; who is often called a "woman-hater" in private life.

Strange to say, though women like strong and manly men as a rule, they often lean towards slightly effeminate doctors. The most popular ladies' doctor I know is rather an effeminate individual, though I am bound to say that his great popularity is chiefly amongst older ladies rather than younger. The typical and most successful ladies' doctor therefore seems to be a kind of hermaphrodite, a man having a woman's delicacy of touch and softness of insinuation, sufficient of a woman to receive confidentially and sympathetically a woman's account of herself, but yet a man in certain respects.

Women, I find, in some instances, may like a doctor ever so much as a man, but may utterly dislike him as a doctor. I have known the most charming man, in the estimation of some girls, to have become a "horrible doctor" when he has acted professionally as their attendant. As far as I have been able to observe, the doctor liked most by young women is the one who does everything in his power—and shows that he intends so to do—to save her naturally sensitive feelings. The man who will pay a young woman the deepest respect on

account of her sex, and on account of any peculiar circumstances of her case, by his scrupulously careful methods and style, whether she be rich or poor, will be the one most beloved by her—as doctors may be permitted to be beloved by patients. Delicacy of manner, softness of touch, sweetness of voice, even all these things pale in importance before a genuine desire indicated by a doctor to show consideration for a young woman-patient's feelings. This wins a woman patient more than anything. Women like a man who is a gentleman; not one by name, clothing, or speech only, but a friend in need, who will courteously and considerately help them, from the moment of the first hand-shake, in regard to whatever trouble they are in. In dealing with young women, a practitioner can never get wrong as far as style or manner go, and need never be further anxious how he may please, if he bear in mind this one quality—gentlemanliness. Let him begin by hearing a young woman's account of herself, not with a curious, unbending or unsympathetic air, but with an attention that conveys to the patient the idea that he has the truest desire to help her to deliver the unpleasant story of her case. The capability of putting people "at their ease" is one begotten of gentlemanly feeling, tact, and judgment, a blend of which will indeed act like a charm with almost any patient. Your treatment has begun if by some means you can induce your patient to sit back in her chair and tell you her story comfortably; you are half master of the case as well as the patient herself if you can observe the first blush disappearing and can listen to words flowing freely, indicating trust and confidence.

I can assure the young, inexperienced practitioner, who might encounter difficulties, that he can do anything with a woman, by way of investigating her case or treating her for illness, if he show that he is a reliable gentleman, and that his chief desire is to be a friend in need throughout—no matter who the woman may be and no matter whether she be nervous or not. The

nervous woman is one who may be harrassed with disordered and exaggerated anticipation, who may be nourishing every variety of supposition as to what her doctor will think, say, and do; now, she also happens to be just the very one upon whom he can create a most favourable impression from the first moment if he be sufficiently tactful and sensible. I have proved the truth of this times without number, and have fully observed special cases for the purpose.

A mother once came to me about her daughter, who had been ailing for a very long time. She gave a rambling description of all the patient's ailments and asked me what I thought could be done for her.

"You must first bring your daughter to see me," I told her.

"She will on no account see a doctor," she answered, "she has never been attended by one, and never would be; she is extremely nervous and would rather die than be subjected to an interview, much less any examination."

"Go back and tell your daughter I should just like to see her; say that at first I merely want to see what she looks like in the face, and tell her I think that I can cure her, from what you tell me about her."

The reader will already have come to the conclusion that this method savours of deception; perhaps it does, but it would be of the white variety, and quite justifiable under the circumstances, because it was employed for the girl's benefit. It was quite true, however, that I did merely wish to see her face and talk to her, at first. The mother at length induced her daughter to come and see me. From the moment of her entry into my consulting room I made the best endeavour to win her confidence. I did not make any examination other than visual and verbal: she just sat in a chair and I talked to her easily and simply, my object being to undo her great misconception that there was something dreadful in visiting a doctor. In her mother's presence I told her that her case was interesting, and

that I would like to have another chat with her about it. I arranged an interview for the following day. The girl came a second time with quite a pleasant smile on her face: she no longer had an unconquerable dread of me. Within a few days she visited me quite alone. I only mention this to show the extent of my experiment. I would not advise young doctors to try experiments so far-to interview such a patient quite alone. I had previously arranged with the mother to interview the girl alone, for I knew that the mother had the fullest confidence in me; and, moreover, I felt quite able to trust the mother, an equally important point in such situations, for mothers may sometimes develop strange imaginings, and some have even been known to make wilful misrepresentations. I merely wished to prove that this girl, who dreaded doctors, could be induced to interview one even by herself, by the adoption of certain methods. After a few interviews I was able, more comfortably, in the presence of the mother, to conduct any examination I thought necessary in this particular case.

When a doctor has finished treating a young woman for any illness, if he meet her in private life he should never make reference to her case, either to her or anyone else; he should speak about anything else excepting illness if ever he meet his patient in society. He should not even ask her how she is if he meet her a few weeks afterwards, reminding her of past incidents of his professional association with her; but he may presently congratulate her on her healthy appearance. A stiff and formal "How are you, now?" is awkward; but, an easygoing and affable "I'm glad you look so bonny," suggests dismissal of the past and a distinct desire to prevent the least embarrassment. woman will dislike to see her doctor if she thinks he may refer to her health or former illnesses; but she may wish to meet him when she knows he will make happy remarks on quite other subjects and study to avoid any reference to

what in her memory remain unpleasant periods of her life. These things may appear too trifling to write about, and perhaps even nonsensical to some practitioners, but I can assure the reader that they make the difference between patients who return, and who recommend others, and those who turn down a lane when they see the doctor coming. "I never like meeting him now," the latter will remark, and advise their friends to try some other doctor. I have gone out of my way, when observing young women patients in public at receptions, or dances, to speak to certain ones—who perhaps had been under my treatment some little time previously, on account of some awkward complaint—in a manner that would convince them that I never mixed professional with social moods, thus putting them at their ease, as far as I was concerned, for the rest of the evening. These things pay, my reader, and more especially when a practitioner has many jealous opponents.

The doctor who "gets on well" with women is generally a favourite also amongst children. He may either be naturally liked by young and old alike, or he may have studied both together simply because where women are there also are generally children gathered together, and a manner or style that will be congenial to one is more or less suitable for the other. Women always like a man who is fond of children, and children will instinctively favour a man who thoroughly understands women. Now, how may any person be liked by children? By becoming childish, of course. A little baby-talk, well done, and not so stupidly that the mother or those around might think it ridiculous, will sometimes act like magic. Children and babies can be charmed by simple object-lessons or play. Amongst other instruments and appliances I keep a peculiar kind of Japanese doll in my consulting room. I use it for the purpose of taming noisy and recalcitrant babies and children. It is not necessary to say a word when I show this and move its head; I am an interesting and acceptable man at once.

can, by this means, take a baby in my arms from its mother, which will go to no other man but its father: and I have even been successful by merely first fixing the attention on much simpler objects held in the hand and offered to them, such as a pencil or anything. Babies and children very much appreciate gifts, or things to hold for a few moments.

But doll and baby-play wants carefully doing, however. know one practitioner who was dismissed as family attendant through simply triffing with a child's bead bangle. He was a new man in the district, and was still on probation, as it were, amongst the people he was introduced to, when he carried his efforts to please a little too far. He took the bangle away saying he would keep it in a pocket nearest his heart. mother thought him silly. This pretty play he thought would tell, and please both mother and child; but it had the opposite effect, as far as the mother was concerned, and he was informed by letter that he need not call again. A doctor may trifle until he is considered to be of little use as a doctor. It should ever be remembered that while playing the fool before anyone in particular it is often necessary to bear in mind others who may be standing near.

Children may be charmed into having their throats painted, or their eyes treated, by certain methods; and I have known them come forward to be operated on just as though they were going to receive sweets. They require the careful handling of one having judgment; only practitioners of experience can gain dominion over difficult children. Pet them, but above all interest them with some happy idea, and you can do anything with the most difficult of them. Softly shaming them, as mothers sometimes do, and telling them about other children who behave well, will often have a good effect. Children are exactly like animals in this respect—and indeed very often like adult human beings also—that you will get more from the majority of them by winning rather than whipping. I say the

majority. Hard work can be got out of animals by means of the whip; but the cleverest tricks of performing animals are done by the nicest persuasion and suggestion: I have myself proved this, and professional trainers could confirm it. Simple obedience can be got out of children by the whip, but wholesome, lasting respect will be better won by persuasion and suggestion.

In order to "handle" drunkards or insane people successfully it is necessary to relax yourself down to their state of mind to some extent; you must adopt an easy-going happy style if you wish to gain any dominion over them. (I do not mean that you should drink a little yourself before you proceed to handle your patient.) I promise you that if you act the domineering and superior sort of individual, whether mentally or physically, you will most likely fail. If you immediately proceed to exercise any kind of coercion over a drunken man, you will probably make him more violent and unruly than ever. Bring yourself down to such a patient, however, with a smile on your face, adapting remarks to his train of thought if you can, and you will be able to do what you like with him. Divert his attention if he is disposed for the moment to be violent: even ask a drunken man if he will have a drink—anything to take his attention away for the moment—and it is surprising what broken heads and general damage you can save sometimes. Do not give him more drink—I do not mean that—but suggest a drink, and then shift very soon on to your own main point.

A drunken man in a fit of temper will often demonstrate remarkable energy and staying power when he conceives a particular grievance. Drunk as he is, he will return again and again to fight the man who has perhaps disappeared long ago, unless his mind be in some way diverted. I was once on the top of a 'bus when I noticed a drunken man in the seat in front of me. Soon the conductor came with "Faire, Pleece," and the man was asked to pay. Now, he had already paid and dropped his ticket under the seat. So he replied very

testily: "I have paid: what more do you want: my ticket is there, you can pick it up if you want it." The drink within him now circulated more rapidly, and his anger rose. Down the steps the conductor went, taking no further notice, not wishing to bother about a drunken man. But the latter still mumbled on: "What do the public pay you for: do your duty and pick it up." Then he raised his voice more and more, soon shouting, "Why don't you come and pick it up: bring your d lamp: do your duty you d servant you. Come and pick it up," and so on, until it was quite evident that the police would have to be called. All the passengers were feeling very uncomfortable. I leaned forward, holding a halfpenny in my hand, and asked the man: "Have you lost this." In the semi-darkness of the night, and of his own obfuscation, he first could not see what this was. But he was quite still in an instant. He looked at my hand, and then at His mixed mind was completely claimed. In a few moments he was pushing the coin into his pocket, thinking he had dropped it, and, murmuring a few incoherent words about having "money enough to buy the company," he gradually forgot the conductor. The rest of the journey was got over in peace and quietness. The halfpenny saved him from gaol.

Now, why should a doctor consider such a question as the method of handling drunkards? For very good reasons. He may at any time be called to a case of drunkenness, either as it might be affecting the individual or the friends surrounding, and by knowing the best line of conduct to pursue he may prevent a good deal of mischief being done. He may often be able to protect his own life as well, to say nothing of his comfort and feelings under peace and quietness. He may also, in some instances, accumulate credit for being a man of strange power and influence over his fellow-creatures.

I have in my time been called by a good many frightened wives, even amongst the highest classes of society—at least

according to the rent they paid and the fees they gave for professional services—whose drunken husbands had threatened to do them injury, even to murder them. Such cases require a good deal of tact and diplomacy: very commonly an inebriated husband will be inclined to peremptorily ask a doctor, who has been sent for by the wife as being the best man to appeal to under the circumstances, what business he has to interfere. A doctor can scarcely refuse to intervene in such a case, and would run the risk of being considered a coward if he did not attend to render what assistance he could. Former acquaintance between a doctor and drunkard, or even possible friendship, may count nothing at such times. Insults and even assaults upon his person are not at all unlikely to occur under the circumstances. The best method of encountering an infuriated and drunken husband, threatening his wife and everybody else, is that which answers most favourably with any other drunkard; bring yourself down to a comparatively jovial demeanour at first; then insinuate more severe words when you have diverted your man and gained some command over him. Playfully chaff him on first seeing him, and presently you will be able to send him to bed in tears, while he tells you his wife is the best woman in the world.

Sometimes a doctor is sent for by a terror-stricken wife and asked to appear as though he had not been sent for, so that by coming on the scene as it were by mere coincidence he might be able to quell some disturbance going on. I would advise a practitioner to be careful how he sympathises with a wife under these circumstances, or he may get himself and the wife into further trouble. If she run for the doctor on account of his brutality or threatenings, the wife should never be sympathised with in front of the husband; it is better to show no leanings towards either side at the time of intervention. A doctor not long ago, according to the daily press,

got himself into very serious trouble by sympathising with a wife who had been ill-used by a drunken husband. The wife was advised by the doctor, from pure motives of kindness, to take refuge in his own house: he made a rather ignominious appearance in a police court a short time afterwards, as a result, in the role of co-respondent.

In order to handle people of unsound mind successfully, it is necessary to gauge as near as possible the patient's train of thought or bent of mind, and to play upon the demented individual accordingly. Please the patient at first by coinciding with his or her strange ideas, and so gain some sympathetic rapport. A person of unsound mind is better handled as one would a performing animal, by persuasion and tactful inducement, not like a beast of burden that requires prompt castigation. Never show that you are frightened, of either a lunatic or a drunken man; nothing conduces to danger so much as allowing your patient to perceive that it might be possible to gain the least power over you. A drunkard or an insane person will pursue anyone who is frightened—as an animal does when any tendency to shrink back or run away is observed.

If you have any reason to believe that your patient will attack you, or if you should know him or her to be in possession of any dangerous weapon, never threaten or indicate power, but approach as one of the best and cheerfullest of friends. This may sometimes be rather hard to do; but a doctor with plenty of professional opposition and a determination to keep a good practice going, must be equal to anything at any time, and under the most awful circumstances. Then, after getting quite near and on the best of terms, instantly make a bold attempt to overpower the patient and take away any weapon that may be concealed in the hand. There may be other ways of dealing with lunatics that asylum specialists adopt, which I am not prepared to deal with. I am only referring to cases

whatever measures have been indicated to me in my experience as a general practitioner. Doctors are not infrequently appealed to in dangerous emergencies, and they are more or less obliged to render whatever assistance they can. Sometimes they are consulted as to the best method of getting a patient to an asylum. They must recommend whatever scheme, deception, or ruse they think will suit the case, after ascertaining the patient's train of thought. Women may be made to believe they are getting ready to go to a ball or concert; men may be decoyed by the prospect of having a "lively evening out." By such methods insane people may be removed without the slightest difficulty, and doctors may thus obtain credit for displaying a ready and salutary diplomacy under circumstances very terrifying to those around.

CHAPTER IV

SECRETS OF SUCCESS

It seems hard to have to confess that of all gifts or qualifications that can be possessed by a general medical practitioner, the most valuable—that is, the one leading to the greatest financial success—is style, or manners, or deportment, or demeanour, or whatever may express all these at once. "Manners maketh the man" in medical practice, without a doubt. After the most careful observation over a number of years, after making a study of all sorts and conditions of medical practitioners, I have found nothing that will create success so rapidly and certainly as style. I sometimes prefer the word style to manners, though both words express much the same attribute in the present consideration, and either, to a great extent, is virtually the other. A manner that is courteous and deferential, kind and helpful, considerate and punctilious to please, acts like magic, no matter what other powers a man may have. Style or powers may even overbalance plainness of appearance or strangeness of dress, and can convince the observer that a practitioner must have a a certain amount of mental and professional capacity.

It is of course necessary for a man having a "taking" style to have a certain amount of brains also. Indeed, it is doubtful whether he can have the power to exercise style unless he have brains; though a person may possibly have sufficient brains for style and no more for anything beyond

worth speaking of. Actors are by no means always allround clever individuals. In other words, it is no use for a man to possess style, whether natural or artificial, while he is an absolute fool in scientific knowledge; such a combination, of course, would in the end be sure to be fatal. Yet, I know many examples of medical practitioners who have been described by those who have known them well as very nice men indeed in manners and style, but rather silly and effeminate in certain respects—not, in fact, inspiring confidence. medical practioner must have some degree of knowledge to back him up, or his manners will only be partly useful to him. To explain more clearly I may draw this distinction: a man may have manners or style and merely common sense, and succeed eminently, like a "quack" for instance; but a man without manners or style, though he have even special sense—being a specialist or a highly qualified general practitioner—will very likely fail as a practitioner.

Quacks have style and a certain amount of common sense. They may have no manners, as ordinarily understood, as belong to ordinary human intercourse, and that is partly why I prefer the word style to manners, for the most part, in this connexion. These individuals can be most successful under the blankest ignorance regarding science or special study. They know how to handle patients, and they have acquired exactly the style that impresses the particular class of people they have to deal with. A quack can convince his patient that he is far cleverer than any six London consultants that may be named, simply by his style and his words; but he may have no social manners worth speaking of; in fact everything in the shape of correct manners may be entirely absent. All medical practitioners require a certain style, to be really successful in keen competition. Their ordinary manners will be more important to them if they practice in South Kensington than they would be in Shoreditch—though it is true, sometimes, that provided his style be captivating, a man may be vulgar in manners and yet succeed even in the West End.

A quack, to be successful, need only impress his patients in some way, by the adoption of a particular style, or by the execution of strange passes or antics. One of our recent "swell" quacks—a man who attracted an enormous number of patients within a few weeks of landing in Paris and London respectively—affected to cure almost everything by mere words and passes: he declared he could cure any pain or sleeplessness without uttering a word, "at four yards distance."

Hence we arrive by degrees at some sort of definition of, or distinction between style and manners. Style denotes deportment or demeanour acting in harmonic and impressive sequence. Taking a pinch of snuff with a long and graceful sweep of the arm, while the body bends in suitable harmony with the change of curve the arm makes is style, while it also indicates manners to some extent as well.

Unmeasured speeches, vulgar epithets, delivered with an inartistic and untimely emphasis may indicate bad style plus bad manners, according to the intelligence and susceptibilities of the observer; yet there may possibly be enough style in the ensemble to impress the vulgar provided the style included a torrential flow of denunciations against hospitals and doctors. It is almost impossible to draw a hard and fast line between style and manners in some instances; we can scarcely decide whether certain acts or words constitute distinctly orthodox style, or whether they exemplify absolutely correct manners: roughly speaking, the West End always requires style, and sometimes certain manners, while the East End requires merely some sort of style in order that the people may be sufficiently impressed.

I have referred to quacks as being men who must of necessity exhibit a convincing and captivating style, and I have felt obliged to refer to this discreditable set of practitioners because they so clearly show that a man may have nothing else but style, provided he have a modicum of common—it may even be perverted and perjured—sense, and he will succeed as an unqualified medical practitioner.

I have dwelt particularly upon the subject of style because it is one, the importance of which qualified practitioners cannot afford to ignore, even if their educated sense would almost compel them to revolt at such an idea. Science, I am quite well aware, ought to be unhindered and unconfounded by anything in the shape of style or æstheticism: it ought not to be necessary that science or religions should be exercised or practised in a particular way. But, alas, these are still days of unrighteousness and ritual, of doctrine and display, of high or low hand-shakes, according to fashion; and it will require more than the publication of a book to alter them.

The most successful practitioner I have ever become acquainted with is one having a "taking" style and "charming manners." Nearly everyone admires him, save those brother practitioners who are jealous, and certain people who suspect every "nice" person on principle. His greeting is always warm and cordial, to man, woman and child, rich or poor. He has a smile on his face whenever he speaks on subjects outside of his professional work. He probably sleeps smiling. He possesses naturally "smiling eyes,"—so the ladies say-which themselves are rather captivating, and these are all the more noticeable when set in a correspondingly beatific countenance. But, mind you, he is able to look serious, instantly, any moment he likes. Whether his own heart-felt emotion or his powers of creating moods or manners are the most useful to him at such times it is often He seems to have a good supply of hard to decide. sympathy and profound consideration always "laid on" for ready application. He certainly has a useful amount of

pleasant disposition given to him by nature; this, combined with his general capabilities, has led him to great success.

It must be remembered that manners differ according to districts and classes of people, and what would be considered gentlemanly in one place might be thought rather common or even vulgar in another. And even individvals may have their own ideas regarding manners. The manners of the very charming doctor referred to above are not liked by absolutely everyone. Some are suspicious of him, and say they do not care for so much mannerism while others remark "he is a dear man! So charming! And such a gentleman, you know!" Shrewd business people, who themselves happen to have learnt the value of attractive manners, are apt to suppose that when anyone else displays them they are assumed for some moneygrabbing purpose: such individuals have often greater confidence in roughness or bluffness, believing that a practitioner who displays these latter attributes must be one who is above commercial methods, one who possesses a knowledge that does not require handshaking to help to introduce it to others. Even your don't-care and stand-on-no-ceremony practitioner meets with patrons sometimes, I can assure you. people have great faith in practitioners who say but a few words sharply and to the point, and who bluntly "speak their minds," though such men must have some sort of professional style about them. The real truth of the matter is this: there is no man who can please everybody. The majority of the general public is undoubtedly impressed by style and manners in a doctor, but occasionally one meets people who put down the least mannerism displayed in a doctor or anyone else to utter humbug, and who are ready to despise and fight shy of him accordingly.

A practitioner can have almost perfect social manners and yet adopt an imperfect style; such a blend may not be sufficiently harmonious or exactly appropriate in some way or other, according to the ideas of certain people. I am acquainted with some examples of medical practitioners who have almost perfect social manners but at the same time do not inspire their patients or friends with confidence in their professional abilities.

Now, why are manners so important? The reader will be imagining that such a question needs no answering: everyone knows the value of manners. Yes; but every reader and medical practitioner does not know the protective power of manners. A man with manners is equipped with a suit of chain-mail. He is beloved: and being beloved, if he is ever in trouble or difficulty he is protected. The rough and gruff doctor gets no sympathy if he make a mistake; the gentle and effeminate man gets petted and fondled when he is in distress; his friends sympathise with him, and pat him until he smiles again—their "dear doctor." I have known misfortunes, mistakes, and neglects to have occurred in popular men's practices which have soon blown over under the help and influence of devoted friends. In some instances I have even known untoward events to be smoothed over by a plan of house-to-house calling, "to talk the matter over," organised by admiring friends; while similar misfortunes overtaking a man not so loved and protected would have been enough to ruin him. I recollect the instance of a popular doctor, who was much admired and beloved by his friends, getting into trouble over a fatal case, concerning which an inquest was held. A few months afterwards he was none the worse for his misfortune, or carelessness, whichever it had been. I am firmly convinced that any other man not enjoying the same amount of protective admiration of friends would have had to leave the neighbourhood at once considering all the circumstances, while a really unpopular man would have been charged with neglect and sued for damages.

It is quite astonishing how much a man with manners-

let alone anything else—is recommended to people requiring a doctor for the first time—new comers for instance. Such a man is usually deemed a safe one to recommend. A person thus recommending is not so likely to have awkward complaints or expressions of dissatisfaction afterwards, provided the doctor have fairly sound professional abilities also. A man recommended merely because he was clever might have a fatal case for his first attendance, and consequently he might not shine in the estimation of the deceased's friends; but the "charming man" will generally shine even over a death: he will win golden opinions by his manners, tact, and by his offers of all sorts of help and sympathy at a trying time.

I am acquainted with a man who is commonly described as a "ladies'" doctor, very much beloved by all his friends, who has a contingent of the fair sex always ready to protect his interests when competitive or spiteful hostilities break out against him; nay they even work constantly in his favour during a time of peace. Having so much support, however, this practitioner is occasionally given to growing careless in his work, thinking that if the worst happen he will be defended on all sides. Not that his friends do not, or will not, see his shortcomings; not that they refuse to recognise his occasional lapses or mistakes; they know them full well; they are quite sure of the dangerous consequences, and they rally round him a cohort of resolute amazons, determined to fight on until they see him safe again. They will reconnoitre, going from house to house, in order to learn the exact situation and to silence unpleasant rumours; they will convey to as many of the people around as possible, displaying much tact and artfulness in their efforts, just those little bits of evidence that are calculated to strengthen their protégé's case. They show themselves determined to see him through any contretemps that may come upon him. Fortunate practitioner!

A man's prospects as a practitioner will depend very largely

upon whether he be married or no, although the man himself, the district he is practising in, and also the class of people he is working amongst must be taken into account. The patients of large town practices will, in many instances, not care whether a doctor be married or no. Such indications of maturity and manliness as marriage are not so much looked for in large and crowded communities; people think more of these matters in the country. The occupants of a village manor house will very likely be able to tell what kind of stud their doctor wears in his shirt, or whether he has toast for his breakfast; but in a large town it is sufficient for a patient to be aware where the doctor lives.

Many people will on no account employ a single doctor, no matter what reputation he may have; on the other hand others will show a preference for single doctors. Some of the more cynical of us would be prepared to argue that designing mothers will sometimes call in single doctors when they have daughters to marry, when they consider that certain single doctors might possibly make suitable husbands; one could scarcely say that such designs are frequently manifested, but I know that mothers have had this notion in their heads in certain instances which I have had the opportunity of closely studying.

Some critics might be found to argue that a single doctor has distinct advantage over a married one in the practice of his profession; though such critics would almost certainly be married doctors who have not themselves succeeded very well either in their married life or in practice, and who doubtless wish they might have the chance of flirting once more into some sort of "eligible" popularity. A disappointed and unsuccessful married man once expressed himself to me as being very certain that single doctors had advantages over married ones. We argued the matter out a long time and at length my friend came to the conclusion that a good-looking young

doctor, with society tastes and leanings, had an equal chance with the average married practitioner. The former was able to obtain such introductions to society, and make himself known in a manner that would bring patients to him in his practice, supposing him to have attractive manners and to be sufficiently tactful among so many; while the latter would secure a similar number of patients who had faith in him on account of his being married.

A medical practitioner, however, on the whole, had better be a married man. I have no doubt whatever that the average married man has greater chances than the average single man; and there are reasons why this should be so. In the first place, according to the estimation of the majority of the public, there is a certain reliability about the married man. He is more likely to be a fixture, and therefore more certain to develop into a reliable family doctor. The married doctor who purchases a practice, or who puts his plate up to wait, is looked upon as one more likely to settle himself down in that one spot than the single one, who might any day take it into his head, when things looked discouraging, or when he felt the monotony of the work, to sell right out, or take an appointment, or go to the colonies. A married man is thought to be more in earnest-indeed, he actually is more in earnest; he is obliged to be more in earnest and to think more seriously of the future; he must play his hand more carefully than the single man, if only for the sake of his wife and family. A married practitioner friend once informed me —I myself being single at the time—that if he had been single he would have "cleared out" of his present position long ago; he was far from satisfied with the progress he had made in his practice. "But," he went on, "what am I to do; I must go on for the sake of my wife and children; there is no other help for it. If I were single I should go out to the Cape and take my chance there, the profession is far too crowded here." This man was working night and day in a cheap-fee practice, and his prematurely-old appearance told a tale of unremittent nose-grinding and misery.

Then, again, the married practitioner is supposed to know more of intimate family relationship: mothers "feel safer" when they discuss either their own or their children's ailments, in the understanding that he will thoroughly appreciate a hundred little influences, conditions, and tendencies which they believe a single man could not possibly be acquainted with.

Even young single men are preferred to married ones sometimes, it is true, when, in a small community, the latter are getting on in years and belong to the "old school;" many people are apt to think that the former must of course know a great deal more in these days of greater study and advanced methods.

Though a young and promising single man may possibly receive the sympathetic and beneficent smiles of mothers with daughters to marry, especially when he is "settling down to practice," the fact must not be overlooked that one day a serious reaction may set in. Women of all ages may be just as sour as they can be sweet, when occasion dictates: and, let a young man give very definite indications that he intends to remain single, or let him repel the advances of certain hopefuls, he will soon see other sides of mothers' faces that are not so pleasant. While there should seem to be a chance in the estimation of some of the more vulgar and unscrupulous match-makers, a young doctor may be spoken of as being the cleverest man for miles round; but let him show his spirit, and express himself to be above any consideration of marriage, then poor opinions may be scattered about with cruel and telling effect by these same designers. I have witnessed these things, my reader, as occurring to others, and I have experienced a certain amount myself.

Marry therefore, if you are a young doctor and wish to

succeed in practice; but, I pray you, be careful to whom you fasten yourself for life. And be also careful what period of your career you choose to marry in. I have known several instances of practitioners marrying much sooner than they ought to have done. Senior students will sometimes engage themselves to some girl with a view to marrying as soon as they are qualified. No greater mistake could be made, unless either the one or the other have plenty of means, then perhaps it does not so much matter. I have known men of scanty means to pass all examinations in spite of their engagement to marry; their sweethearts being well pleased with them, and, looking forward to being the wife of a real doctor who will drive fast horses and be looked up to, they have urged on the wedding day. Rarely do such early marriages turn out happy ones; rarely does a man succeed in the practice of his profession under such circumstances.

I will pick out one or two instances I have known. Eaver had been engaged some twelve months before he qualified, and as the time drew nigh for his release from examination nuisances, the fair affianced one drew nearer to him still. Everything had been arranged for the wedding weeks before our hero could be called doctor. Happy meetings sandwiched-in between spells of the hardest work led to rash resolutions and to ways with no turnings. They were married amidst the delirious rejoicings over his final examination success. He had a little money, and in order to get a home for himself and wife to live in he looked rapidly around for a snug little practice to purchase; and nothing less than a good one would do. He found what he fancied and bought it straight-away, without knowing in the least what it was really worth, and without understanding his own capabilities for carrying on a practice. The result was that in less than twelve months the practice dwindled down to nothing, because he did not know how to manage it. He knew medicine and

surgery well enough, but the business side of a practitioner's life, so necessary for success, he was quite a stranger to. Later on, domestic worries with a disappointing income—a baby was coming, and came—dragged his spirits down also, and what with one thing and another the fellow was almost driven to despair. He had to sell out whatever was left of the practice. His wife and child went to her mother's home, and he himself turned towards the world again, with worn and troubled countenance, sighing and despairing. Even then he could get nothing to do: he was not suitable to be an assistant now, because he was married and had a child: it is true that married men are sometimes engaged to manage branches, but he was not deemed so very suitable for such a post, having failed to manage his own. He decided to ship to the West coast of Africa. I strongly persuaded him not to do so, pointing out the small chances of his ever returning. And I could see that his pluck for practice had left him, and that he did not care whether he died of fever or no. not in a mood to argue the matter with me. He went, and in a few months was caught up in the grip of fever-another for the ranks of the great majority. After passing all examinations he should have learnt how to practise before buying one, in his haste to prepare for marriage.

Dr. Bayless did not have quite so tragic an ending. He was looking a little brighter in the face when I last saw him, and gave me a much better account of himself than on a previous occasion. He also married directly after qualifying. This practically compelled his father to purchase a practice for him. Whether he was really fitted to manage it or no was a question that the pressing situation hardly seemed to allow. To be brief, he soon lost so much of his practice that he had to sell the remainder to save its life—and his own too for that matter—for he was fast worrying himself to death over it. Babies came, first one, then another, and all sorts of troubles

crowded in about him. He could get nothing to do after selling, and his father had to keep him, as well as his wife and two children, for upwards of three years, not daring to invest money again. During these three years, however, he did not remain idle, to his credit, he learnt something of the world and the ways of humanity; he acted as *locum tenens* a good many times; thus he acquired fuller knowledge how to conduct a practice with success. His father at length renewed his confidence in him and again bought a practice for him. When I saw him last he had been carrying on this second practice of his own for about six months, and he seemed quite happy about it.

But on the other hand let me give you by way of exception a rather happy instance of an early marriage proving in every way advantageous. George Christison was a student who had only reached his second year of study when he observed an attractive nurse in one of the wards of the hospital he was attending, and around this nurse he grew a little crop of fancies and desires. She met his eyes pleasantly enough in due course, and soon a friendship arose which fast ripened into love. The little game had not gone on very long before Christison thought it was time to write home and tell his father that he was going to marry. The fact is, he was rather proud of his acquisition, and his prospects of still further acquisition. Imagine the father's astonishment, poor enough as he was, when he received the deliberate resolution from his son that he would very soon marry! He sent back a long and severe reply, hoping that his son would promptly undo all such stupid resolutions and give better promise for the future. happened that Christison had not mentioned in his letter to his father that his loved one, the little nurse, had plenty of money; he did not like to mention this, naturally; indeed he scarcely knew it for certain; he only knew that his girl had told him, with a lot of meaning in her eyes, not to bother about moneythat she had plenty for the two to get along with comfortably. He was only too pleased to take her pretty word that he need not be anxious "about that." They married quietly and sent wedding cake home very soon after receiving the parents' Then Christison wrote and told his father that he had had proofs that his wife had more money than his "stupid" son would ever earn, even if he had phenomenal success as a doctor. All were very soon reconciled after Christison went through his medical course after the this. marriage without a hitch, and never experienced a day's unhappiness up to the time I last met him. He bought a fine West-End practice; and though he lost a good deal of it at first, through inexperience, he soon became popular, and everything went well. Money makes all the difference, therefore.

Generally speaking, to be engaged before a young doctor sees good prospects of being able to make a success of practice, is a great mistake. As regards engagement to marry even before examinations are passed, I have known other awkward situations to follow soon after the long coveted permission to practice has been obtained. There are cases when a man's ideas are apt to change with his status. As a student he may feel himself to belong to the meanest order of men, and not worth much to any girl, especially if he happen to have failed in his examinations a few times; but, when given his diplomas as a real live doctor, he may possibly feel himself lifted up a little above the frivolities and trifles of student-life. Before he has got them, he may think the possession of a qualification and a pretty girl would be to him a positive apotheois, but when he has got the one and feels ipso facto so much more worth the other, he is particularly prone to changing his opinions regarding the girls of all past experiences.

Several men, personally known to me as students, broke off engagements to marry on becoming qualified, or not long afterwards. One has had a breach of promise action hanging over his head ever since he was permitted to put letters after his name, and to this day I believe he has "no address," being still wanted very badly by an aggrieved maiden. Another I recollect would have married a long time before he became qualified if the girl's mother would have allowed him; she thought they had better not marry until he had passed all examinations: they waited, and she is therefore waiting still. He never showed the slightest inclination or intention to marry the girl after going forth to practice as a doctor, and I know it to be a fact that at one period of his studentship he gave the firmest promises to marry the girl as soon as ever he qualified.

Two students, and one young qualified man, have actually married barmaids to my knowledge: not the wisest step they could have taken after so much mother's advice and expenditure of a fond parent's money while studying. In fits of infatuation or recklessness they have allowed themselves to drift into folly, and have found no other way to take but the most stupid one of all, the matrimonial one.

There are men who always look upon failure of any kind as being purely a stroke of bad luck, and nothing else; they would never be persuaded that it was due to any defective capacity or wrong step of their own. Hence, in order that a reader may profit by any general remarks or advice given in such a book as this, he must first know something of himself; he must be able to place himself amongst another dozen or more types of men, for purposes of comparison and self-identification, as it were; he must try and find out how he stands in comparison with the rest of his order, or what figure he really and truly cuts when placed side by side with the rank and file of his profession. I may, however, thus be expecting too great things from him, for I am well aware that if a man know himself well he must of necessity know a very great deal of many things; nothing requires greater and more

varied capacities than the faculty for rightly judging and estimating oneself, and the man who really knows himself must know an immense amount of other people, their habits and methods. It would be more correct, therefore, if I advised the young practitioner to first learn a great deal about many things to the end that he may know something regarding himself. Himself he must learn if he wish to compete with others.

Of all qualities, I know of few that are more valuable to the general practitioner, or more calculated to bring him success, than what Americans call "grit." We British have no word that expresses this quality in a human being. It means fibre or stiffening as near as possible, as opposed to the adjectives amorphous, jelly-like, limp, or weak. A man who has "grit," generally has "go" also. He is one to put his hand to the plough and face his work without looking back. The typical Britisher is a man full of "grit," from his fingers to his toes; he will conquer a Soudan or reach a Pole, having the sense to do it as well as the inclination, the two together constituting his "grit." Difficulty and danger seem to harden the "grit" within him as he goes, to make him more undaunted and resolute than ever.

"Grit" is what a medical practitioner wants in these days. If he has a soupçon of pure dogged determination in his disposition so much the better for him: he will then be all the better able to storm heights and battle through those impasses which keen competition creates. Determination, with sufficient good sense behind it, will carry a man to almost any success; having a good supply he will strap his wrists to the plough handles and keep his face to the front; it will call him up in the morning and help to regulate his hours and conduct; it will make him find an object in life while others weaker are looking wistfully around; it will lead to goals; it will stiffen thews and sinews, and give strength to a frame.

The "plodder" is a man to be admired, to some extent, but this capacity of merely passively "sticking to it" is nothing in comparison with active "grit" and determination. plodder finds a rut and simply runs in it; he could sometimes nearly fall asleep in the monotony that wins in time: his work becomes more or less machine-like; while a man with "grit" and "go" is energetic in all his brain convolutions. "plodder" will succeed usually in his own particular way, it is true; but the enterprising man, having all parts of his machinery at work at the same time, well-balanced and in order, is the one who will certainly get ahead of the mere plodder in life's race, and he will keep ahead if he manage himself properly and constantly. The "plodder," like the tortoise, may get before one who is swifter of foot: but the man of "grit" and "go" and fixed purpose would pass both. It is all a matter of brain and convolutions. No two men are alike, and all have to go where their particular brains lead them. Yet it is possible to learn and to be led, and hence these observations.

Let me further warn young practitioners who are mothers' pet sons to love their mothers still, but to get upon their own full responsibility as early as possible. I knew one young man who never did anything wrong but what his mother's kiss would put all right again. He had every ability, but was stopped or hindered every now and then by some "pure misfortune" as his mother described it. Now, his chief misfortune, in a sense, was his mother. This may seem strange, but I think it is true. If he ever took too much to drink, the fault always lay with the company he kept and not at all with him, according to his mother. If he backed horses, it was all because he had been "persuaded by some scoundrel." He got into many troubles as a student, but everyone was to blame but himself. If this young man had been in some way separated from his mother he would probably have suc-

ceeded. I feel sure the youth suffered from want of a stern father in this instance: although I am quite well aware that a little of this kind of petting and all-forgivingness comes from fathers sometimes as well. You may hear parents calmly admit that their boy cannot "get on;" they can hardly explain why, unless it is through sheer ill-luck that dogs their steps. I have observed several such parent-fondled young practitioners, on becoming registered after very long studentships, start practice on their own account. Sometimes they have commenced in the houses of their parents, the latter having taken a house in a suitable situation, and all have lived hopefully together behind the shining brass plate. Arrangements like these do not always make for the best by any means. If patients have not come to such a house, all have been to blame, or have seen no blame, as the case may be, and thus the young doctor has remained influenced by his relatives, and in turn influencing them, making no advancement in the practice of his profession. When master of the whole establishment, beginners will often act very differently. I do not hold that this would be the case in all instances, but I have seen men cut off from all parental control develop good practices from the moment the severance took place. The reader will call to mind analogous instances of sons being "given up" and sent abroad, who have rapidly gained a footing and turned out first-class men in the end. I am a believer in young men being thrown early on their own wits, for better or worse, provided they have any brains whatever. You cannot know whether a young fellow has any "grit" or "go" until you have set him running by himself; then his esprit and enthusiasm will develop, and not until. The separated son is anxious to send home news of "another patient to-day," and he works to this end.

I would not mention such apparently trifling domestic aspects but for the fact that I have seen whole lives wasted and ruined by petting on the part of relatives. One fellow I

remember was thirteen years getting through his examinations, chiefly because he was the petted youngest of the family, and it was strange to see the impudent young wastrel, who was supposed to have been attending hospital all day, but who had really returned from bars and billiard rooms, come home and lock himself in his mother's arms and talk "baby" to her. Any iniquity of his that came to her ears she promptly forgave, and even defended, saying, "poor boy, he slipped accidentally into bad company, did he then: he must be careful, the dear."

I know a medical man whose parents have been buying him practices for the past twenty years. He is an only son, whom his now aged parents have always thoroughly believed in, and he has always attributed his failures to the extraordinary ill-fated and cruel luck that followed him. He has spoilt every practice he has entered, but has given plenty of his own reasons for his downfall in each case. Here it was the people, there it was the place, elsewhere it was his health, and so on. The truth is that he always was, and is still, a spoilt boy. He has brains enough, but he has never learnt those lessons which are only to be obtained by sufficiently early experience when cast more or less upon one's own resources: himself tactless, he has always been accustomed to lean and depend upon others; his weakened side ever makes him shaky and faltering when attempting any responsible duties.

Steadfastness, directness of purpose, and keen interest are what a young man should possess to be really successful. It is no use being petted and going out into the world to play "little doctors" in some toy-like establishment; for very soon the weak, young doctor will require more money to be spent on him to encourage him.

Having early determined what calling it is he intends to follow, a youth must, nowadays, be prepared to "go for" that objective and never take his attention away from it. He must

detach himself from all disadvantages, and exhibit a precociousness that compels him to be energetic independently. The days of rich harvests for medical men are over; they are indeed—if there were ever really rich harvests in the medical profession. In days gone by the average man could occasionally lapse into a world of diversion or pleasure, getting up in the morning hardly remembering what calling it was he was supposed to be following, but still money flowed into his lap. There was a certain amount of money for everybody, in those days, for very little work, and doctors flourished more comfortably. now every man must prepare himself for very serious work. The boy leaving school ought no longer to suppose that it is pleasant to be a doctor because one can hunt and drive fine horses round to peoples' houses; he should be prepared to fight very strong and trying positions taken up by an enemy which out-numbering competition will bring around him.

With all his ardour and good intention, however, while running to success, the young practitioner should never forget that though it may be profitable to present a proud chest and walk with the air of a distinguished man before the laity, he will do well to demonstrate with humility in the presence of brother practitioners. He will run on dangerous ground if he get it into his head he is "somebody" as compared with his con-He should remember that the best of heads lie on humble shoulders. The young doctor should never be merely "wise in his own conceit." He should always bear in mind that however "smart" and clever he may be, there are very many others much beyond him, the latchet of whose shoes he would not be worthy to unloose. Even if there were not others more clever in his department than he—and this applies also to older men—he should still be humble, for there will be others more clever before long. He should have a healthy confidence in himself, but not be filled with self-conceit or vain-glory. The man who properly estimates himself has good chances; but he who puts a false value on his powers may stumble and bark his shins, or may perchance be caught up in a whirl of other people's overpowering abilities and be torn to ribbons.

Let me further draw careful attention to the difference between self-conceit, or pride, or over-estimation in comparison with other doctors, and what is vulgarly termed "side" or "bounce" before the public. A little "put on" may be advisable and profitable, and even justifiable; but that which is merely arrogantly and firmly imagined, may make a man despicable and ludicrous. A certain amount of "side" or "bounce" before the public would appear to be absolutely necessary these days. We have well seen that some people are so influenced by a certain style, that if a practitioner do not possess it naturally, it may be very much to his advantage if he gather and employ a little of the artificial sort. Some people do not believe in a man who seems scientific and nothing more; they do not view a scientific mien as other scientists would. One person might consider a poet who appeared deeply rapt in thought to be mad; another might take a contemplative maniac looking into space as a profound philosopher. It is not always easy, I admit, for a practitioner to gauge the minds of his public, but the more he does so the better success will he attain.

Ritual is found of value in the church, it helps towards securing the salvation of the soul; and I absolutely fail to see why certain minds should not be worked upon by another ritual, if such ritual would be likely to help towards the salvation of the body. Now both these rituals are nothing more and nothing less than so much demonstrative make-believe. Naturally, such artificialities should be very judiciously employed. I, myself, deplore the necessity for ritualism, whether employed in respect to body or soul; I would have none of it anywhere, if I could; but if people are saved from the devil by it, who could not very well be saved from destruction in any other

practicable way, then I say let us have ritualism; and if a medical practitioner can do more for other people and for himself by "side" or "bounce," then I am prepared to defend his methods. I might wish that pomp, circumstance, and ceremony might never be heard of in any connection outside of king's ways and people's weddings: I would wish there might never be such a thing as humbug of any kind; but I argue that the Church would crumble to the earth if there were absolutely no ritualism of any kind. Even Presbyterians and Wesleyans now find value in stained windows and attractive musical services. I honestly believe that an immense number of good, scientific, and, at heart, strictly honest practitioners of medicine would starve but for just the small amount of humbug they are in the habit of displaying: humbug is, after all, a valuable therapeutic agent, let austere scientists say what they may; and it helps to make money.

What is found good for one, I believe to be also good for the other: a doctor has as much right to take care that the appearance of his house, or his horse, or himself, denotes prosperity as a parson has a right to be careful that his church, or his vestment, or his tone of voice, is inspiring. The one is as much induced, in a good many instances, to wear a frock-coat and tall hat, as the other feels obliged to put on coats, hats, and stoles of particular shades and colour. It would seem that the doctor has as much right to make some ceremony over examining the chest as a parson has over administering sacrament.

And if a minister of religion knows full well the effect of awe-inspiring ceremony on the minds of humanity, and if he shall practice such ceremony, what is to prevent him from even employing artifice and exaggeration in his conversation or sermons to some extent; he cannot help himself; he is unconsciously led from one degree to another. So medical men are unconsciously led to artificialise, especially in these days of high pressure and keen competition.

Therefore if a young practitioner find it necessary, and if he find his living will partly depend upon it—and more especially still if he find the majority of those around him practice it—let him put on a little artistic and well selected colouring, always bearing in mind the great difference between useful display and idiotic "self-conceit." He may find he requires a little "side" when moving in society. Other practitioners opposing him will be found ingratiating themselves in the ladies favour, and they will leave him to starve if he do not assert himself and make the most of the situation. It is no use for a doctor commencing practice to take a back seat anywhere. He must push discreetly forward.

The "show" practised by the medical man should never be more highly developed than one sees in the dramatics or histrionics of the orthodox church. The degree that the Salvation Army cultivates, for instance, need hardly be emulated. Let the standard set by the Church in dealing with the soul be a guide. It is necessary to have some standard, some idea to work upon. Medical men should closely observe what the tactics of religionists are, who have the care of souls, and emulate their skill in dealing with bodies; but to be safe, and as little unsatisfactory as possible, they should go no further. The clergy as a class might not be perfect, but any medical man would be excused if he followed them as regards the degree of theatricalism, finesse or impressionism. As much as I am sorry to write such sentiments as these, as heartily as I could wish there were no such things as ritualism, fashion, "bounce," "side," humbug, or even mental therapeutics, necessary for the use of religious or medical ministers, in treating the souls or the bodies of ordinary sane individuals, I am impressed with the fact that we are not living in a millennium, and that we are far from nearing one. We cannot live perfect lives and sustain spotless minds in these days, any of us; the career of an Archbishop

may be as nearly perfect as possible, or that of a Pope: such beings may possibly be quite perfect; but, let me ask, how will you settle even this point when you find an anti-Dreyfusard argues with you, that certain mischievous pronouncements from the Vatican concerning a great trial denoted "a wicked mind," while on the other hand, a Roman Catholic priest avers that all minds in this same Vatican are quite incapable of a wrong How can you decide amid these contentions? If a China missionary boasts about the conversions he has effected amongst the heathen when he returns home, well knowing that the converts also came because they liked English cake and biscuits at the end of the services, a medical man may surely be entitled to make the most of the number of influenza cases he has. I do not say that all missionaries tell lies, or that they are induced to do so; I say that they will often find it necessary to give a glowing account. I do not argue that all medical men will be obliged always to resort to the same method, but I say that most of them find it necessary. I do recognise the equal justifiability in these cases. A missionary might earn but poor opinions at home if he could not show satisfactory results of his labours; and a medical practitioner might give a bad impression if he frankly confessed that he had only half as many patients as his opponent. Some missionaries can manage to move along without employing brag or "bounce," and so can a few medical practitioners: happy are these men; they are unopposed; they are not provoked by pressure into paths of unrighteousness. reader need not forget it, these are days of unleavened bread for most of us, whether professional or lay; when all are unrighteous to some extent, and in some shade; when one must submit to be rudely pushed into unpleasant attitudes and positions whether one like it or no. We cannot choose our paths in these days, we have to get along in the surging crowd as well as the rest, and those fighting for places with

short legs must keep their mouths high for breath the best way they can, by standing on the tip-toe or by mounting the stool of make-believe. We hear others all around beseeching patronage, and we beseech too; if we should choose only lonely and bare paths of perfect rectitude we might run the risk of perishing in this wicked earth of ours. We would be very righteous if we could, some of us; but we are obliged to do the same as others in the great competition. many who would persuade others-nay, also themselvesthat they are practically perfect, whether in profession or trade. Foolish people to think their critics so credulous. Even Solomon said, "Be not righteous over much." Oxygen may be indispensable for breathing, but humanity bears very well a little sulphuretted hydrogen as well. Some people prefer the smokiness of London-even certain artists-and there are others who prefer a little whisky in their water.

Nevertheless, simple right conduct in most callings would be the happiest, and best, and most profitable even, if it could be possible, if your environment would permit you to exercise it. But the canker competition forbids it. Neither business, nor professional men can be strictly and constantly honest now-adays. The only medical practitioners who could afford to be independent of the shifts and expedients brought about by keen competition are those who have ample private means and who practice for the love of the thing. But even among these humbug is very tempting. All is vanity, saith the preacher.

Simple right conduct if you were able to practice it would be like the morning bath of pure water; it would give you strength in your mind, and a sense of exhilaration in your endeavour. Could you act rightly, and profit by it, or profit anyone else—or, still more, both—you could rest and be thankful, for you would feel clean in mind, and comfortable. But when dissembling you cannot be quite so content and satisfied; your acts or thoughts are such as require great after care on your

part; you are not quite so pleased or comfortable with your work, in that you have the consciousness that you have taken advantage of someone—very few people are really happier doing wrong than those doing the right thing. And yet it is really easier to be righteous than to be unrighteous, in one way. After all, if you could faithfully and persistently govern yourself—if the great struggle for existence would allow it rectitude of conduct, habit, or industry, together with regard for others, would give a strength of character that would be appreciated by all who have dealings with you, and would fit you to be completely trusted by the casual observer or any person exchanging ideas with you. Charlatanry or dissembling may win the passing confidence of one who does not see through it, but righteousness buildeth a character as upon a rock. A firm footing will be found beneath the walk of an upright man; he will offer a safe and pleasant hospitality to those who can distinguish great qualities in him. The dissembler may possibly be found out, but the truthful will bear full analysis. It is comfortable to do right, after all; but, alas, it so very often seems necessary to do wrong.

It follows that true and deep knowledge of the work belonging to one's profession must be one of the best, safest, and most satisfactory possessions. A quack may succeed, but he must remain a constant trickster and dissembler; he must ever be on his guard against exposure; he must be expeditious and adroit in his explanations of accidents or untoward results in his malpractice. He does not practice quite comfortably.

Accurate and final knowledge is a bed-rock of safety for all practitioners if they can obtain it, but above all if they are given a fair chance to present it. Everyone cannot know everything, it is true, but be sure that the more one knows about the subjects of a profession the less will one have to resort to the expedients and shifts of artifice or humbug.

There is an argument in the last few pages which might be expressed in these words: when you do not know a thing, then perhaps you had better pretend that you do, if you do not want to fail in competition with others; but it is better to It is a simple fact that it is sometimes fatal for a medical practitioner to expose his ignorance. One of my old teachers, a distinguished man, used to advise in his lectures that a practitioner should on no account say that he does not know this or that in medical practice. "Always try to indicate that you are quite well acquainted with the subject -no matter what that subject may be. Confessions of ignorance will shake your patients' confidence in you, which might do both you and them much harm." I recollect at the moment the instance of a young practitioner who had just purchased a practice in a country district, and had been called to one of his first cases, the squire's child. His patient was only taken with a slight feverishness, as it turned out in the end, but in over-anxiety and in a fit of ultra-honesty really created by inexperience, he frankly told the squire that he had not the least idea what was the matter with the child, or what disease was going to develop—though he was highly qualified and a clever doctor as far as science went. unnerved the squire, who sent at once many miles for a specialist, in spite of the fact that the time was late at night. Next morning the child was apparently quite well. Some might have described the conduct of the doctor in this case as being prompted by simple honesty, fear, or haste. Yet he himself would doubtless have argued that he had a right to take the step he did immediately, that not to be in great haste would have been in itself dishonest and unjust. However, he shook the parent's confidence both at the time and afterwards. The result was that the squire not only expressed to all his friends his want of confidence in the young doctor, but he even went so far as to remark that he thought it was very

unwise for a doctor to make a confession of blank ignorance to his patient's friends the first time he was called in. Even the squire himself could see—as he told me—that a little firmness and confidence would have brought the doctor better credit in the matter. "It is strange," said the squire, "for a man simply to tell you he does not know what is the matter with the child; I have never heard an older doctor make such a confession." Perhaps the reader does not think a case of this kind at all strange, but I merely wish to indicate what may help to make or mar a man.

The doctor who "does not quite know" may be looked upon as an ignoramus by some of the laity, though we ourselves are well aware that it is possible for the best practitioner in the kingdom to be mystified by a rare case. Therefore the lecturer referred to above had reasons for advising his students not to confess ignorance if they could help it when they went into practice. If ignorance, however, should result in injury to the patient, and if a practitioner retain a case on his own assurance that he understands thoroughly all about it, preventing, by so doing, any higher opinion from entering, then his act is neither more nor less than criminal. It is only as a means of allaying undue anxiety on the part of patient or friends that assurance regarding knowledge should be presented in a judicious manner and freely.

It is all a question of tact in the case above referred to: unless the young doctor supposed that a grave issue would be likely to rapidly supervene, he certainly ought to have done what he could to assure the people that there was no reason to be alarmed, and to protect himself from any ideas of incompetency or ignorance until the morrow. As the child was better in a few hours he would have scored by so doing; but if it had been no better the next morning he could have then sent for other advice if he felt nervous. It is true that certain cases warrant the sending for help without delay, but such a one as the above did not.

There are few things that make for success so quickly and certainly in practice as success itself; and this applies to almost every calling, whether professional or otherwise. Success wins the good opinions of the public and gives confidence, both in and to, the practitioner. A successful man is also backed up by capital, that of his own earnings added to the asset of his experience, both of which are powerful forces that help in ways that are far too numerous to describe. As to the actual or potential force of scientific knowledge, this is of secondary importance.

But success may also in some instances lead to failure. When very rapid it often tends to turn a man's head, and it is almost certain in most instances to bring some degree of reaction that teaches a lesson. One young practitioner I am thinking of settled himself down in a country town where he believed there was a good opening for a doctor. He succeeded rapidly, and gained such popularity that he soon got together a large practice. Then he thought he could afford to trifle a little; he began to be harsh with his poor-class patients, and to go a-hunting pretty frequently. This soon brought him down again, and he had to go back to his former methods of winning favour once more—not so easy to do a second time.

Success also sometimes leads to radical changes being made that are fatal to a man's interests. I have already referred to the case of a man who was so successful in the country that he left it in order to buy a practice in London. He failed, miserably, very soon. Rapid success may spoil young men in various ways; it may bring about changes in manner and style that are almost the opposite to what had been adopted so successfully at first. A practitioner puffed-up with rapid success is to a great extent unconscious of the evolution he is going through, and absolutely ignorant of any fatility he might soon have to face. I have closely observed several practitioners who have threaded their way over a number of

years, through alternate seasons of success and failure due to changing moods, methods, or manners; now rising, now dropping, until they have ultimately found the happy midpath along which they have run more evenly and safely.

Success has often led medical practitioners to drinking, as it has some of the best men in other walks of life. After the very hardest work success brings a pleasant feeling of satisfaction, as well as more money to handle; at the same time the increase may be exacting and worrying. All this occurring amidst congratulations, compliments, appreciations of ability, and the mixed bonhomie of innumerable friends, may well be calculated to shake a man's regularity of conduct and levelness of common judgment. Some who have early enough observed unsatisfactory changes and tendencies developing have had sufficient sense left to sell their practices and to seek another atmosphere, away from friends and frequent refreshmentsbefore it is has been too late. I know one or two who have saved themselves in this manner; while others have waited too long; they have sold and got a change of atmosphere, but not of habits, and have simply gone from bad to worse. Taking into account the worrying and harassing nature of his work, I am of opinion that a medical man who is given to excessive drinking is to be pitied rather than blamed.

I have already pointed out the necessity for being well up in the work of the profession. This can only be done by good and sterling practice, backed up with sufficient reading to refresh one's memory and to learn "the latest." Some of the best journals should be read regularly, as they make their appearance weekly, monthly and quarterly. This is the only way a practitioner can keep pace with the times; and no practitioner is worth the name who does not. At least one of our best medical journals should be read well each week. A man is not properly interested in his profession if he do not read to this extent, and therefore not really quite fitted to

practice. To read is a duty every practitioner owes to himself, his profession, and his patients.

I feel strongly disposed to include in this chapter a few remarks on style of conversation as adopted towards patients, and to draw attention to the influence of certain figures of Not a few practitioners I have observed have owed a large part of their success to their gift of tongue, or happiness of speech, or quaintness of expression. Everybody knows "what the great Abernethy said." Now, he did not say anything very remarkable, at any time, but what he did say now and again was so impressive, considering the circumstances under which it was uttered, that it was handed down to later generations. Doctor's sayings are very frequently repeated even years after their death. Most practitioners are quite familiar with the class of patient who will constantly keep referring to what Dr. Wisdom said "some time ago." Illnesses are generally well remembered by patients, and little sayings of anybody at the time are also well remembered, if they are apposite and impressive, particularly those of the doctor.

All this suggests that it is advisable for a practitioner to carefully measure his words while attending patients. I once met a lady who had recently called in a practitioner whom I knew very well, to see her infant, and she immediately referred to my having recommended him, and to her intention not to send for him any more. Expressing surprise, I asked her what there was about him she was not pleased with, and she replied that she would not like her child to be attended by a doctor who uttered swear words. She thought such language bad for her infant.

Then I asked her what he had said, expressing further surprise. She explained: "I had to send for him late one night, and when he came into the bedroom he shook hands with me and said he was having the devil's own luck just now, that he had been called out every night for a week." Though

uttered under some slight provocation this simple little remark did the practitioner a lot of harm, for I heard afterwards that the lady was telling her friends and many other patients that she could no longer employ a doctor who used bad language.

There are some garrulous old ladies who never cease repeating the happy expressions and the wise sayings of their doctors. "What Dr. Knowall said to me was this: my dear lady, the age of forty, if you reach it, will either kill or cure you." This is a sample of an impressive statement, made when the patient was only thirty. Being single, with plenty of money and nothing to do she went in for ten years of imaginary ailments, never forgetting the doctor's words and employing him all the time. Here is another: "The trouble you have gone through, my good woman, few men could stand." Many ladies would remember this observation for years and tell all their friends that Dr. Sympathy said "No man could go through all I have done during the past three years."

For happiness of expression, warmth of sympathy, and impressiveness of speech, which may be delivered in quite small quantities, I must give the palm to Irish practitioners. They can generally say the right thing at the right time. And it is not the quantity but the quality that tells. One man I know, whose words and sentences are extensively quoted, and who is considered very pleasant and amusing in society, is not at all loquacious; he does not waste words, indeed the fewer words he speaks the more his friends seem to be impressed. He will listen to the speaking of another for some five minutes with head forward and on one side, anxiously, attentively and sympathetically, and then give about two words in reply, which will be equal to fifteen minutes' gabble of a less impressive man.

The consequence is that Irishmen as a rule make very good and successful practitioners—as also international diplomatists. They can work hard and waste no time in long conversations.

They can please in a few words, and readily adapt their conversation to suit the individual they are addressing.

Before closing this chapter I must refer to arrangement, order, discipline, and such like economies which work, each in its way, towards a practitioner's success, however trifling such things might appear to some at first sight. Under proper arrangement of anything and everything, more work can be done with less trouble. This should go without saying, whether one might be dealing with methods of the medical or any other professional men. The slovenly, disorderly, or forgetful practitioner should take a lesson from a linotype printing machine, or a typewriter: he should reason out within himself what an immense amount of labour such arrangements save, and therefore what an immense amount of other labour they permit a man to do, being mechanisms of the utmost precision and constant order.

A practitioner should know the position of everything about him, instruments, appliances, books of reference, having business or professional letters filed for reference. He should cultivate arrangement and order in everything, and in the end he will take a pride in the knowledge that his whole machinery is in perfect working condition. He should not be too punctilious, however, or he may be master of arrangement and nothing Some are so careful that work becomes almost painful amongst such perfection of plant. I remember one practitioner whose wife took upon herself to look after the arrangement and order of everything, and, having little else to do, the work drove her nearly mad. She followed her husband into every room to see that nothing was disarranged unnecessarily, worrying him very considerably after a time. The poor man at length stopped smoking because his wife used to sit watching that the ash forming did not fall on the floor; and he dreaded his daily visits to patients because he had to argue with his wife, before starting, which was the best way round to drive.

It is quite astonishing what work a medical practitioner can get through in a day provided he have the help of arrangement, order, and discipline. It would hardly be believed how many patients some practitioners can attend in a day when they have a good system and everything is arranged properly. Interviews can be conducted rapidly when the going in and out of houses is facilitated, and when the practitioner knows just how much to say and no more. Medicines can be made equally rapidly if drugs are properly shelved. Punctuality can be observed if memory be good, and if other people, such as servants and grooms, are kept under strict discipline and order. Thus time can be saved and more money earned.

Touching upon discipline, the control of servants is important; but so also is that over patients. Practitioners can drill patients into punctuality and order to a surprising extent, and can thus save themselves no end of trouble and time. Some there are who seem to be very busy men but who have no very definite time for consultation, patients coming at any time of the day that pleases them. Such men would do better under stricter discipline of self and patients.

Dr. Lawson Wilkins was a man who had been in practice some eight years when I knew him. I will sketch his working day. He would be awakened twice, and would as often as not tell his wife he was tired (through a late visit the night before, under faulty arrangement); so he would like his breakfast in bed; he would not hear his wife protesting that someone was waiting in his consulting room below. After getting up he would see any patient that came, with unshaven face, and then turn to his correspondence and newspapers. He would next look over his list of visits for the day, having forgotten to mark all those he had seen the day before, and trying now to recollect. He would be sure to miss out a fresh call, and would ring the bell for the servant to tell the groom he was ready for his conveyance. The servant would reply that the

groom had gone to see the saddler (while probably he had gone for a glass of beer). The conveyance would come to the front Then the order of visiting would be awkwardly arranged, and time would thus be wasted. The barber would be visited first, for a shave. Skipping over a clumsily workedout visiting round, Wilkins would arrive home to find a message waiting, asking why he had not seen Mrs. Coutts in the morning as he promised he would. Other patients would be waiting for him, who did not know what the hours for consultation were. No fixed hours for anything. Meals and medicines would be made at any time and despatched anyhow, some forgotten altogether others perhaps wrongly labelled. wife caught his spirit from the first; the house was generally neglected and out of order. There was always something to hunt for: books, newspapers, journals, correspondence, all lay in different parts of the house; some thrown mixed on the bedroom floor; others in the consulting room, and still others brought up from the kitchen, having been taken down with the breakfast cloth by a happy-go-lucky servant. Naturally, Wilkins soon gave up practice and took to novelette writing, having a little private means.

Grooms, dispensers, and servants all want training into good methods of work, to be in their place at the proper time and to be relied upon. Let a practitioner of disorderly methods enquire into the management of some large place of business presided over by one man, and see how, out of several hundred employées, the very sweepers and dusters are under control and discipline. The head of an establishment cannot show his best unless all those under him are made to support him with fair and proper work.

CHAPTER V

RISKS AND DANGERS IN PRACTICE

PEOPLE very often wonder how it is that doctors never-or hardly ever—contract disease, considering they are so frequently in contact with sufferers. It is a mystery to many that doctors are constantly warning others not to go near infection while they coolly run all amongst it themselves. There are two or three explanations for this apparent immunity which doctors seem to enjoy. In the first place, they know exactly the way in which diseases are infectious; having, therefore, made a diagnosis, they know at once what to do to avoid catching the Secondly, it is a well known fact that those people who fear they will catch a disease are the most likely to do so; doctors fear not and are therefore somewhat less likely to be attacked on this account. Thirdly, doctors know exactly the best thing to do in the way of disinfection, according to the disease they are dealing with; they do not use Condy's for everything, and anyhow; they use special means for special cases. But, lastly, they know how to keep themselves in a good state of general health in the presence of which disease germs cannot live. When they do contract disease from others, in nine cases out of ten it is because their only consideration has been for their patient; they have neglected self altogether.

But even doctors run risks. There are heroes and brave men in the medical profession as well as in the army. A doctor is very often as brave and as self-exposing to danger

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as a soldier; he will often set out to do battle with an enemy when he knows he is especially and particularly vulnerable with ill-health. A sick soldier gets leave when ill. A doctor encounters very considerable dangers when labouring under a defective state of his own general health; and he is (as a rule) far too hard worked to ever think of himself before his patients—and too poor to pay for a substitute.

I have just read in a daily paper of a doctor who has died through pricking one of his fingers with an instrument while operating on a child's tonsils. Now, in considering a case like this it must be remembered that the greatest factor in regard to disease is not a micro-organism but a soil on which micro-organisms can live and flourish. At this moment of writing we are passing through a bacteria boom, when everything is put down to an organism; but in a few years we shall be differentiating states of the general constitution which make favourable soils, having found out that soils are even more important to study than micro-organisms. Medical men will soon have learnt in regard to all diseases dependent upon the growth of micro-organisms that both prophylactic and curative treatments should be directed towards changing a favourable into an unfavourable soil, while the micro-organisms may be comparatively disregarded. Micro-organisms are the indications of favourable soils. The doctor who died from a prick on the finger had defective general health.

Therefore medical practitioners should put upon themselves the armour of good health and use it as their first line of defence against disease, no matter how well they may be equipped otherwise with antiseptic weapons. They should ever watch their own general health, and keep it in good order. I once pricked myself; and I nearly died from blood-poisoning as a result. At other times I have pricked myself and healed by first intention; yet I know that on both occasions microorganisms have been present in abundance. The blood

poisoning in my case proved to me that my general health was defective. I did not sit at home to fight microbes, but took a holiday to improve my general health.

What need we care for the tubercle bacillus of consumption? We sought it out and encompassed its death after strange fashions formerly. We tried to kill it *in situ* and failed. Now we simply leave it to die of itself, after introducing that redoubtable protagonist of all diseases, good general health, in the presence of which it cannot live.

Doctors are careful in handling patients suffering from infectious diseases. They go to their bedsides, but they do not touch anything belonging to each case they inspect unless they intend to disinfect their hands directly afterwards. Infected hands do not touch anything afterwards until disinfected; and this caution is exercised by practitioners instinctively, almost without their thinking of the necessity for such measures. They may become infected with disease, however, through mistaken diagnosis. I can call to mind several deaths of doctors which have occurred on account of catching a disease from a patient through not at once detecting its dangerously infective nature. Two nurses and a doctor died, in one instance, before an outbreak of disease was correctly diagnosed as Typhus Fever. Such catastrophes may be counted as simply rare misfortunes, however, and need hardly be considered here. If the kind of disease be not detected, how can its dangerous nature be guarded against? It must sometimes happen, therefore, that a doctor is stricken down with a disease following an incorrect judgment on his part, just as coincidences and accidents may occur in any walk of life, and at any time, there being absolutely no help for it.

I knew a Locum Tenens to have closely examined the spots of a case of Small-Pox each time he paid his visit for two or three days, without knowing the nature of the case; he put himself in contact with his patient in the freest manner; he erroneously considered that he had an interesting case of skin disease to deal with, and he quite made a pet of it, until a very high temperature sent him telegraphing for another opinion; then the true dangerous nature of the disease was diagnosed. He, of course, caught the disease himself.

Perhaps young doctors are less protected against syphilis in their professional dealings with patients than any other infectious or contagious disease. I give express warning regarding the danger of overlooking this disease, for experience has taught me that some of the best practitioners may misjudge who is likely to have the disease and who is not, inasmuch as, in nearly all instances, the patients will do their best to conceal the true nature of the disease and deceive the doctor absolutely if they can. If in doubt doctors should never forget the possibility of syphilis, no matter what station of life the patient may be in. The highest classes may have. the disease as well as the lowest. I do not say that every patient should be suspected of having the disease whether they show signs or not: I merely argue that, to be quite safe, it would be well if certain signs or symptoms had their proper influence and weight in a doctor's judgment without their being counter-balanced by any consideration of social position. If a doctor have good reason to place implicit faith in the correctness of the evidence, the goings-out, comings-in, and all goings-on, amongst his better-class patients, then he need not fear, and he can reduce his estimate accordingly. who knows who? I ask. Medical Practice, or even common lay experience for that matter, makes one acquainted with some strange characters. I issue the above warning, therefore, with greater satisfaction because I know that the higher the position of the patient the greater may be the danger to the doctor. The practitioner is usually suspicious, and very careful, when he has a slum dweller to examine, but he may be inclined to draw too optimistic conclusions in regard to one of the higher classes.

Amongst my patients I have had a titled lady suffering from a venereal disease. She had contracted it from her husband. This is a kind of patient who may suffer from concealed disease for doctors themselves to catch. This is a patient likely to give lying evidence of word as well as of circumstance.

An outbreak of infectious disease may prove injurious instead of lucrative to a doctor. Should he fail to detect the dangerous nature of the disease amongst the first case or two, he may be greatly blamed, and, perhaps, later on, even ruined. Everyone is liable to pure misfortune, and a doctor may not have had sufficiently clear evidence indicating the nature of a particular case: as the first of its kind it may not have been typical. Some cases of small-pox resemble the commoner and comparatively harmless disease chicken-pox, for instance. Instances of mistakes that have occurred serve to show, however, that every care should be taken with regard to diagnosis on all occasions, if a doctor value his reputation. Sometimes it has appeared that he really deserved blame, having been careless in his work. But, unfortunately, the public does not always know when a doctor deserves censure and when he does not. Some mal-practitioners never do wrong in the estimation of their own patients and friends, while the best of men may come under the effect of a coincidence or chance misfortune and be seriously damaged by it, receiving no mercy. After all, little blame can be attached to a doctor who fails to recognise a rare disease, such as Typhus Fever. Thousands of doctors have never seen an example of this disease.

One of the most serious risks and dangers that a doctor may encounter in practice is blackmail in some form or other. An innocent man may be everlastingly ruined if he come under the influence of some machination or entanglement introduced by a designing and unscrupulous female, for instance. As this subject is one of considerable importance to practitioners and to the public I shall dwell upon it awhile.

In the first place the fact had better be fully appreciated that a female may not always have designs of any kind when first visiting a doctor; she may develop them as time goes on. But, supposing she deliberately intends to deceive, or to drag a doctor into some awkward position if she can, there are several ways in which she can approach him. For example, while having absolutely nothing the matter with her, she may attend as a malingerer, simply in order to induce the doctor to examine her, in the hopes that he may "take liberties with her" in some way.

I recollect a case that occurred to me when I was young and single, and conducting a growing practice. I was considered to be rather good-looking and decidedly attractive from the ladies' point of view. Certain females, dwelling in a somewhat "fast" area of the district, had come to the conclusion—as I afterwards learnt from very full and trustworthy information that as quiet as he appeared "the young doctor could be won somehow," and one of them decided to have a try. She came to me with a particularly jaunty and saucy air, complaining of a pain in the chest. I very soon grew suspicious of her, and at once put myself on the determined defensive. I divined her object and made up my mind not only to defeat it but to continue to take good fees from her as long as she chose to pay them. I would teach her, and make her pay for the lesson. First, making quite certain there was nothing the matter with her, I treated her exactly as I would any ordinary lady patient, without indicating in the slightest that I understood what her real object was. I was careful to take a cash fee each time and to instruct her to come back again. I kept her thus malingering, and still hopeful of circumventing me, for weeks, and made her case cost her pounds. She thought I should be certain to succumb in the end, and she grew bolder. No doubt her "fast" friends kept on taunting her all the time that she would not succeed in making me admire her. Now, this girl wanted to get on very friendly terms with me, so that she might brag about it amongst her friends. Needless to say, the slightest lapse on my part, in return for all this temptation, would have done me considerable injury in the neighbourhood; I was a single man, and my success in practice depended largely on my good name and unimpeachable character. As it was, the girl went about stating that "no woman on earth could get the other side of him." Consequently I was not tried again by this kind of patient for some time. I have it on the best authority that young and single curates, similarly, often have dangerous pit-falls laid for them: actual cases have been related to me by curates themselves.

I am strongly of opinion that in most of these, and somewhat similar cases, girls are specially instructed before going to doctors, generally by female acquaintances older than themselves, though I know that a few sometimes act on the advice of a male friend, for reasons which decency hardly permits me to explain. Girls could never of themselves devise such crafty methods of deceiving as are employed in some instances. Such usually consult young, single doctors, who are less experienced; they think there would be the best chance of either mistakes in diagnosis being made, on the one hand, or of a warm friendship developing on the other. Some count on certain situations arising which could be enlarged upon and made the basis of some charge or other which would frighten a young doctor, and so force him to benefit the girl in order to save himself. I do not hesitate to mention such cases as these while I have instances of ruin running in my recollection -ruin of men who had been the best of men in every respect, and who have severely and irrecoverably suffered. I do not doctors are innocent, mind you, when contend that all criminal charges are lodged against them, or when rumour is afloat; far from it. Some have been fully guilty; others have been partly so, and have foolishly run themselves into some

awkward position where exaggeration and supposition has had every opportunity to take firm root and grow abundantly. Therefore young doctors should be careful never to trifle in any degree or manner with a female patient, lest the idea come into her head that she might proceed to fabricate, suggest, or persuade with success, or at least impunity.

I have not quite done with dangers of this nature. Not only have better class girls been known to attend young single doctors with pretended ailments, in order that some form of close friendship might result in eventual marriage; I have known of instances in which the mother has deliberately either proposed the scheme or has favoured it as much as she could. One such mother I bear in mind used to send her two daughters to a young doctor for treatment, one at a time, whenever they made the slightest complaint of ill-health or indisposition, hoping that he might fall in love with one of them, until the girls became so impudent that he put a stop to the practice, for he could well see that their ailments were chiefly pretended.

I would moreover wish to give warning that married women may be as dangerous as single—sometimes more so. A doctor should ever bear in mind that there are women in this world who would like to obtain a divorce from their husbands, and who would stoop to anything in order to accomplish their object. It is so easy for a designing woman of married experience to get on easy and close terms with a doctor; she has nothing to do but to pretend to ail something, and then, after little examinations of some kind, she may insinuate her desires as fascinatingly as ever she is able. I was once, in my early days of practice, nearly drawn into an awkward position by a wife whose husband had been unfaithful to her. She was an intensely jealous woman and very discontented in various ways. I learned, after her unsuccessful attempts to inveigle me, that she wanted to spite her husband by proving to him that she

could command other admirers as well as he. I was not the ordinary family attendant in this instance, but had been called by the lady to see a servant who was described as being out of sorts. I noticed the mistress was excessively agreeable, and she seemed as though she was even going out of her way to felicitate and impress me. Altogether I grew suspicious, and I did not allow her pleasantries or lurements to entangle me in the least. I ascertained afterwards that she had been doing her best in other quarters to contract a liason with a view to aggravating her husband. It further transpired that her husband himself allowed her every opportunity; indeed, he rather wanted her to be even with him; he thought it only fair that she should be.

This book is intended to deal with the practical side of many questions, and therefore I do not hesitate to give the teachings of experience for the use of the younger members of my profession. Very many doctors have had interesting experiences, but they have never had occasion to relate them, except perhaps privately. A knowledge of some of the tricks and dangers to which practitioners may be subjected cannot fail to be of advantage to young doctors, therefore I do feel absolutely justified in giving instances which, though reflecting an unhealthy aspect of humanity, may nevertheless give their salutary lesson and warning.

Common sense will dictate what young doctors should do on most occasions, when suspicious cases come before them. Older men often give the advice that women patients should never be received in a consulting-room unless a third person be present, but experience has taught me that no third person need be present, provided the doctor acts in a certain manner and adopts a sufficiently forbidding demeanour in suspicious cases. Notwithstanding my own experience, however, I am bound to advise the presence of a third person in certain instances. I mention my own experience merely to show that

the doctor himself, by his manner alone, can prevent dangerous situations or accusations. But all are not alike. It may be his apparent good-nature, and his almost invariably pleasant manners, that so often induce females to believe that unprofessional behaviour might be manifested sooner or later in a doctor they visit.

As a safeguard against criminal intent, and in order to minimise the dangers from malicious designs which certain patients employ against medical practitioners, I would strongly recommend all to belong to some existing medical union or protection society—at least until such time as the profession has some adequate system of organisation under one central and powerful body. The power for defence which the latter might accumulate if it were instituted needs no advocating to the more sensible members of the profession. No doctor knows when he may not require help and protection. The decisions of a properly representative body, watching over the interests of both the profession and the public, would receive recognition by a bench or jury as emanating from a high authority. And, moreover, a body or board crystallised out of the union of the whole profession, one properly representative, and having the courage to be comprehensive and unbiassed in its dealings, would of necessity make a special study of the best modes and systems of defence; its officers or professional advisers would be better fitted for any particular class of case they had to deal with than any general advocate.*

There are certain other risks or dangers that are worth mentioning in this chapter, belonging to an entirely different order—acting against personal life or health. Take the sucking of a tracheotomy tube for instance, taken from the neck of a diptheria patient, an act which has been performed

^{*} In the recent cases Vivisector v. Libeller, and Patient v. Surgeon (forceps left in body) the medical defence hopelessly floundered and committed the medical profession to undeserved disrepute in the eyes of the public.

by doctors on certain occasions, and with sometimes fatal results to themselves. The majority of controversialists would doubtless be inclined to argue that these are pure and simple exhibitions of heroism and daring; so they may be in one sense; but I am myself inclined to put many such instances down to reckless, or over-enthusiastic practice. Medical men frequently become so absorbed and interested in their work that they sometimes do what they would consider very foolish if done by others. Eagerness for a favourable result will lead a man to run great risks. It can be called pure bravery or what you will; but common sense points out that a doctor has really no right to run a serious risk himself for the sake of his patient. I must confess that I have been foolish myself in the respect referred to; so I know all the better what I am writing about; I have at times been so anxious to secure satisfactory results, and have imagined in my ardour that so much depended on my results, that I have thought to myself "Death or Victory: I will risk it," when perhaps only the life of a puny foundling had been at stake. Now, in the calmness of writing I consider I must have been foolish on these occasions. But very likely I might do it again, if encouraged by precisely the same circumstances. After all, everything depends upon the mood or state of mind a man is in at the moment he commits a hazardous act.

I do not believe it possible for anyone to act more heroically or more devotedly to their work than medical practitioners, who often stick to duty and work on behalf of their patients when they know they ought to be in bed themselves. They would order anyone else to bed for a quarter the degree of sickness which they themselves will often persist in battling through. No one is so much *obliged* to work under difficulties at times, as a doctor, and therefore there may often be a good deal of excuse for procedures that might appear to be distinctly foolish. I have visited patients when I have been bad

myself with illness, having a high temperature, and have run grave risks at a time when I would tell any other man who did the same that his act was one of stupidity. I have felt at the time that I must do so, and this inconsiderateness towards self I have found to be the rule amongst the members of my profession.

Let me give an instance of daring and devotion to duty, quoted from an article in the *Strand Magazine*, which needs no comment:

"On the night of January 9-10th, 1889, the Niagara locality was visited by a terrific hurricane, and when daylight came in the morning not a single inch of the bridge proper remained, it having been torn away from the cliffs as though cut out by a knife, and the entire mass of steel lay bottom up in the gorge below. On the slopes of the bank on each side of the river the ends of the fallen mass were visible, while beneath the deep, silent waters of the river the greater portion of the wreck was hidden, and there it remains to this day. On the fatal night the wind swept down the gorge across the Horseshoe Fall from the south-west. With its span of over 1,200 ft., the bridge was broadside to the gale.

It was caught by the storm, and at nightfall was swinging back and fore on the wind. People who desired to cross the structure were warned of their danger, but some few venturesome persons in response to duty pressed on across the tossing bridge.

"One of these was Dr. John W. Hodge, and his experience of that night has gone down in history as one of the truly thrilling incidents of Niagara. In answer to a call from a very sick patient, Dr. Hodge, who resides on the New York side, went across to Canada, and returned in the height of the storm. Only a very high sense of duty to his patient led him to do this. It was about 10 p.m. that he crossed to Canada, and it was 11.30 p.m., when he started to return. Down the ink-black gorge the gale swept, bringing great sheets of spray and water right off the crest of the Falls, striking the bridge with hurricane effect. As he made his way towards the New York end, he noticed by the high tossing and low dropping of the structure that some of the stays had apparently broken. From side to side the mighty structure surged,

and 20 ft. or more high it tossed. The doctor realized that his life was in peril, for the storm seemed to be increasing in intensity. To the southern or upper rail of the structure he clung as best as he could, and carefully picked his way over the doomed bridge. His headway was necessarily show, for at times the bridge would tip at an angle of 45 deg. The force of the wind almost took his breath away, while the clouds of spray and water almost drowned him. The night was intensely cold—the clashing of the wires of the bridge, the upheaval and swinging to and fro of the floor, and the roar of the Falls intensified the situation, and made the doctor almost fear reaching the river bank. His tightly buttoned overcoat was torn loose by the wind, which fairly ripped the buttons off. He made an attempt to throw off the garment, but he dare not loosen his hold of the bridge with both hands for fear of being blown from the structure into the river. His only hope was to hold on and creep or walk towards the New York end, and this he did. When he passed off the bridge he was almost exhausted. He was the last man to cross the bridge before it fell. It is generally understood that the destruction of the bridge was due to a parting of the suspenders, which gave way one by one, allowing the bridge more freedom to swing on the gale until it was torn from its fasten-It was about 3 a.m., on the 10th of January, 1889, that the bridge fell, and in the morning it presented a sorrowful spectacle: a twisted, broken, upturned mass, in the gorge below. For weeks it was an attraction to visitors to Niagara, and even now at very low water, ends of the steel may be seen in the river on the Canadian side."

A prompt exhibition of manly heroism, involving a considerable amount of personal risk is quite admirable in the performance of various duties, and under all common or unusual circumstances.

The following case taken from a daily paper will serve to point out the fatality that an energetic demonstration may result in, while it is clear that the unfortunate practitioner who met his death was labouring under an intense anxiety for the welfare of his patient at the time. The reader had better first be informed that nothing annoys a practitioner more than a strong complaint from a patient that the medicine is producing some alarming and distressing effect, while he is doing his utmost to bring about the opposite: he so often knows that such complaints are merely imaginary, and that the untoward symptoms complained of are caused by something else.

"The death of Dr. Dick of Eastbourne has been reported to the East Sussex Coroner, who will shortly hold an inquest. The facts are of an extraordinary character. The deceased gentleman, who qualified ten years ago as a medical man, came to Eastbourne some months since. On September 16th, a crowd assembled outside his house, and Dr. W. Wheeler Taylor, Dr. M'Queen, Dr. Pollock, Dr. Colgate, and Dr. Sherwood arrived in quick succession. They found Dr. Dick in a serious condition, evidently suffering from the effects of strychnine. Miss Dick, his sister, emphatically denied that her brother had attempted or had had any reason to attempt to commit suicide, and the facts which have now come to light bear out that view. It seems that on the night of the 14th inst. Mrs. Eliza Jane Geer, of Harcourt Terrace, Eastbourne, called on the deceased at his surgery. He made up a bottle of medicine for her which Mrs. Geer carried home. Next morning Mrs. Geer took a dose of the medicine, about a tablespoonful in water, and became so very ill that Dr. Cameron was sent for, and he attended her. Later in the day Dr. Dick called, and Mrs. Geer then informed him that the medicine he gave her had made her very ill, and that she believed it had poisoned her. Dr. Dick was annoyed at this statement, and observed, "you could understand a man who drinks poisoning people, but not a man who is always sober. It was only iron and bitters, and to show you it is not poison I will take some myself." Dr. Dick then put the bottle to his lips and drank some of the contents remarking: "It is nasty, but you shall not think it is poison. I'll take some more before I go." Afterwards Dr. Dick rode home on his bicycle, and when his sister opened the door she found him foaming at the mouth. He fell again—at the door, but he had the presence of mind to ask for the stomach pump, and medical aid was quickly summoned. At first he seemed to get

better, but subsequently there was a change for the worse, and he died at four o'clock on Sunday morning. The contents of the bottle stated to have been given by the deceased to Mrs. Geer have been analysed, and it is asserted that the medicine contains a large quantity of strychnine."*

I will conclude this chapter by referring to some temptations which are occasionally placed before medical practitioners. Sometimes people get it into their heads that doctors will perform certain illegal operations, provided they are well enough paid for the work. As a matter of fact very few properly qualified medical men could be found, out of the 37,000 who practise in the United Kingdom, who would listen for a moment to any request that they should perform a criminal operation for the sake of any reward whatever, no matter how high it might be. For most doctors know, in the first place, how to keep the law; and, in the second place, any who might otherwise be weak enough to be tempted by large offers are quite well aware that though they might themselves see no harm in performing the particular operation, in certain instances, the patient operated on could never be absolutely relied upon to keep the secret.

In my experience I have had blank cheques placed before me, with a request that I should fill them in to any amount I chose, if I would perform the illegal operation referred to. I have forthwith commanded such interviewers to depart from my presence before I helped them out. Blank cheques are very tempting to doctors who may be struggling to get a living, and I have a good deal of sympathy for one who hardly knows how to make both ends meet. But allow me to point out what may happen. Let the reader study the following sequelæ. A

^{*}A critic commented upon this case and pointed out the possibility that the doctor, realising that he had made a mistake, and blaming himself for a blunder that must prove fatal to his patient, had taken the poison in order to destroy himself! Who shall say?

doctor performs the operation referred to. The patient is very ill indeed after it. She grows afraid that she is going to die. She consults with her friends. They hear her story, which, regardless of the doctor's fate—forgetting all his entreaties that she should tell no one in the world, and all her promises that she would never "give him away"—she now unfolds without any hesitation. She may be delirious, and impelled to blurt out the truth in spite of herself. Her friends call in another doctor, who of course has a natural hatred towards his predecessor in the case—nearly all doctors hate one another, as we have seen in an earlier chapter—or, if he have not a hatred, he may be afraid to be found associated with an illegal case by a third doctor who might be sent for. The second doctor calls in a consultant who confirms his opinion that an illegal operation has been performed. The patient dies. The operator is arrested and charged with manslaughter.

A husband once interviewed me for the purpose of trying to induce me to perform this illegal operation on his wife, and he offered me any sum I liked to name if I would consent. I had acted as family attendant on his wife and children for several years, and therefore I did not at once threaten to kick him out of my consulting-room. He was more or less a friend of mine. I had great regard for him. I felt the force of his reasons why his wife did not wish to add another to the family. I argued the matter with him, but he assured me that the secret should never pass from himself and wife. To his astonishment I told him that more than the money he could offer—thousands of pounds—would not purchase the performance of a criminal operation by me. And yet many of the laity imagine that almost any doctor will procure abortion if a large enough sum is offered him!

There have existed medical men—and possibly do exist at this moment, but very few, if any—who would perform an illegal operation for a large fee; and consequently some people

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imagine that many others will do the same. Such people suppose that these operations would be easy to keep secret. They forget that there is hardly a woman in the world who can be trusted to keep a secret. The very fact that women think the operation is commonly performed by doctors is sufficient to show that, not only are certain cases which have taken place freely talked about, but those pledged to secrecy—as all have been—have revealed the fact that they have been one of very many who have gone through the same thing. The reader can believe it from me that illegal operations are extremely rarely performed. Only an odd medical man out of many thousands could be found who was sufficiently hopeless and abandoned in his profession to feel obliged to entertain the proposal, and, once addicted, he would very soon be found out and dealt with by law accordingly. Only an odd one or two from the very dregs of the profession would ever be persuaded to incriminate himself for the sake of a fee, however large.

Women will sometimes tell a doctor all sorts of lies to induce him to perform an illegal operation, and the young practitioner had better be very wide awake against such. If the performance of the operation seem warranted, on account of ill-health, present or anticipated, then he had better call in the witness of a professional friend. I recollect the instance of a patient having the operation performed on account of dangerous eventualities being extremely probable, who afterwards told all her friends that her doctor had "put her right," and did not mention to them the perfectly legitimate reason for which he had done so. Thus she advertised this doctor as one prepared to do the same for any woman who wished it.

CHAPTER VI

METHODS OF GAINING POPULARITY

THE fact that methods of gaining attention, confidence, or popularity may be either legitimate or illegitimate needs no more questioning than does the fact that quacks and homeopathic practitioners exist. I include the latter advisedly, though I feel anxious not to offend any—if there are any—whose opinions are honestly held and whose practices will bear investigation—whether originally conceived in a scientific and sane spirit or no. I think it quite possible for a man to have stupid ideas and yet to act honestly and sincerely: if there is such a man living as an honest and straightforward homeopathic doctor, I humbly and fully apologise for any remarks, strictures, slights, or vituperations I may make within the pages of this book against homeopathic practitioners as a body; and while I thus apologise I defend myself by asserting that I have not yet met one. I have met the ordinary kind, and I have studied them, their histories and their methods; but the strictly scientific and morally upright specimen I have not yet come across.

I have in some of the foregoing pages hastily touched upon certain methods of practice, all of which, strictly viewed, might not be considered by some to be of the legitimate order. I could imagine certain individuals arguing that a doctor is a liar before God if he declare that there will be very little pain when he is about to lance an abscess, knowing that a good deal of

pain will be felt; but, notwithstanding the captious critic, I consider I have given indications as to how far a man may be warranted in proceeding in his methods, and I have suggested the best modes of procedure to be adopted in this "best of all possible worlds," all the time taking into account that it seems necessary for almost everyone to make use of humbug to some extent in order to live at all comfortably. It is no use, my reader, to exclaim, and to conclude that my doctrines are most pernicious and even wicked—you, same reader, who instructs the servant to say he is not at home when he is, or who says that he has an engagement when he does not want to meet a disagreeable visitor. I myself, believe that the whitest of lies, on certain occasions, are justifiable.

When I refer to quacks and homeopathic practitioners in severe terms I am taking into account certain methods they adopt which I have no hesitation in considering unjustifiable; I am carried in my enquiry into the accursed and dangerous regions where commercial rascality and professional prostitution is rampant. I have made passing reference to this order of practitioner in former chapters when I pointed out certain lessons that may be learnt from their systems and styles. And mind, I have not advised the reader, in any page, to go and do likewise—to go in for quackery. I have merely trusted that the methods of this kind of irregular practice might indicate to some extent what may be successfully and *legitimately* employed by regular and orthodox practitioners.

It would be merely wasting space if I gave a long account of the methods of ordinary unqualified quacks in this chapter; they are fairly well known to most practitioners, and a good deal of what is not known may possibly be imagined. When I point out that no slight-of-hand trick is too advanced, and no lie is too black, as long as it will make money, I think I may have done with the methods of these individuals. But what about the generality of homeopathic doctors? who dwell

in higher places than the common quack; who do not sleep at wayside inns and drive gilded cars, but who appear in pulpits and drive sensational pairs of greys; who are not ignorant but educated. I can forgive a common quack, but not the average homeopathic doctor, because the latter ought to be able to get a decent living by means of orthodox and regular methods. The common quack is generally a hopeless mongrel, born and reared in illegitimacy; while the homeopathic practitioner has not only usually come from comparatively good stock, but has had a sound medical schooling. The homeopathic practitioner has been brought up in paths of righteousness and yet has fallen into temptation. He has wilfully chosen to pervert his finer sense—if he ever really could have had any finer sense worth speaking of in his nature—he has elected to lead a life of professional prostitution, to practise the meanest and most despicable chicanery. And after handling the profit of all this he would actually have the audacity to defend himself before orthodox practitioners; he would endeavour to persuade himself and others that he really believes in his theories.

What is a homeopathic doctor? Or, what is homeopathy? Only at this moment of writing do I observe the question asked in the "British Medical Journal." Who knows? You can safely believe this, my young reader, that homeopathy spells in nine instances out of ten nothing more and nothing less than humbug, of the rankest, meanest, and most sordid type. Well-dressed and well-educated, your homeopathic doctor is a man to be despised—saving the rare individual referred to in a previous paragraph—if he exists at all—namely the homeopathic practitioner with a true conscience and an honest endeavour in his mistaken ideas.

The critic will now ask me why I sanction humbug in one part of this book and denounce it vigorously in the last paragraph. But it will be recollected that I sanctioned humbug and white lies that might be employed solely in the interests of the

patient. This is the great distinction. The humbug and deception of the homeopathic practitioner is employed solely and entirely for his own benefit. An old college friend of mine spoke the truth when I asked him why he had started homeopathy. He replied that he could "make more money at it." He knew me well, and judged it useless to give me any other answer but the truth. He failed as an orthodox practitioner. I have just read the most recent lecture upon the subject of homeopathy, delivered by a high priest of this cult, to a few nurses, who in their sensible eagerness to learn the truth asked him if he would explain to them what homeopathy really was. I take this lecture published to be the very utmost effort on the part of its deliverer to explain to intelligent listeners what his sciences, principles, and practices are. A lecture more instinct with nonsense I could never expect to read; I consider it not only brim full of specious arguments which have no scientific foundation, but I can detect bare-faced humbug of the illegitimate order through every page of the pamphlet. There are insults in every ten lines to true scientists.

It is amusing sometimes to observe the efforts which homeopathic practitioners make to explain themselves and their work. Congresses and occasional letters to editors give us an opportunity now and then of analysing the trend and composition of their minds. But to this day we have no fair and square explanation from them as to what they really believe in and what they do not. They remain very quiet as a rule before their orthodox brethren. Occasionally one may discover some wretched pamphlet endeavouring to explain something, but really only intended for the laity. There is not a book published by homeopaths from which the merest tyro in science can glean any sense of the author's convictions. Nor can the greatest recognised scientific authorities in the land observe the elements of science in their principles. Orthodox practitioners in the medical profession are striving for truth: it is essential to their

common and educated sense, while belonging to such a splendid profession, that whatever methods they may adopt with their patients they continuously strive after the scientific truth. Now, I would ask the lay reader, where are we to get the truth from? Are we to search the pages of loose and ill-conceived literature for the specious arguments of Satan and his satellites, while we have a Bible? Are we to fly in the face of some of the greatest men of all time, some of the greatest thinkers, philosophers and scientists, and cry out, you fools! holding and recommending the literature of homeopathy in front of them, and bidding them fall down before the bust of a Hahnemann? What perversion there is in humanity! What well-dressed wickedness! What audacity! There are people who believe in the doctrines expounded in a few pamphlets, seething with humbug, rather than have any faith in great libraries of true science and orthodoxy!

Amongst the homeopathic practitioners whom I have known personally and studied, Dr. Smallpill is an interesting character. Let me give you a few little ways he had of going to work. I had often heard of the numerous and costly presents he used to receive at Christmas-time from his devoted patients. I conversed with him about these presents. The next year he gave me an opportunity of seeing his annual collection. He sent "At Home" cards out by the hundred to all his patients—and many who were not—so that they might come and see how he was worshipped, and witness the appreciation of his cleverness. I went to look on, with innocent countenance. There seemed to be so many patients! He was athoming for several days. Amongst the beautiful things shewn was a new Broadwood piano which, he announced with pride, had been given him, but which I afterwards found had been simply bought by himself. We moved slowly round the room, passing a table full of things on the right and a loaded sideboard on the left. Many of the supposed presents

I noticed were still wrapped up in paper, however. In the corner of the room was a good-sized Christmas tree to which Dr. Smallpill pointed with especial delight. It was a tree spotted all over with sovereigns, each being attached by threads of cotton; they hung apparently in hundreds. "There!" Dr. Smallpill said, "there is a present for you; from a patient who told me not to send in a bill. I knew what she meant, dear thing! This represents four times what she really owed me. Dear, grateful creature!" Dr. Smallpill's voice and countenance lowered appropriately, when he uttered these last three words. But the suspicious part of it all was that a similar tree was to be seen nearly every year, so I was told.

I had some off-hand chatter with this Dr. Smallpill one day. The fact is he thought I admired him, and that I was green enough to believe in him. With a face full of mischief and smiles I said to him one day, cheerily: "You homeopaths are proper humbugs! Now, tell me—Would you give I/100 of a grain of salicylate of soda in a case of acute rheumatism?" He thought a moment and replied, archly: "My dear boy, I practise homeopathy; but when I look like losing a patient I know well enough what to give." His vanity alone made him confess himself. He began to think I was on the way towards finding out the emptiness of his principles. He thought I was going to chaff him for not knowing how to treat rheumatic fever scientifically and effectually.

He seemed to take quite a fancy to me soon after our acquaintance. The next time I had any conversation with him was when he called to see me. I felt I had a good chance on this occasion to "pump" him, for he had called upon me about some social function he was interested in; he was inclined to be very friendly towards the young and harmless individual I doubtless appeared to him to be, then—so young and ingenuous, so unsophisticated and unsuspecting.

As he was on the point of leaving—feeling, after a while, that I might possibly be saying something awkward very soon—I detained him with the remark: "By the way, that was a pretty little dodge of yours to put presents on show at your 'At Home.' The tree with sovereigns was a smart idea, you artful trickster." It was the way I said it that so undid the man. I hated him all the time, but I had particular reasons for appearing to be open-hearted and friendly disposed. Some men would have appeared insulted, but once he realised that I was beginning to find him out he grinned and felt flattered that I thought him clever even in his evil methods, and he replied softly on going down the steps to his carriage: "My boy, what my brains, with an American and British training, are really capable of accomplishing you have not the smallest conception! I know how to fill a consulting-room. I could tell you of plenty of better dodges than the Christmas tree."

This same Dr. Smallpill, a year or two after the above interview, was attending a case, the prognosis of which became grave, and a wish had been expressed by the patient's friends that I-supposed by many in the neighbourhood to be a "clever young doctor"—should be called in consultation. He was quite willing, he told the patient, and even offered to drive along there and then to ask me. I received him and heard his account of the case. Now, I had never done any professional work with him before; I had resolved that I never would do so, under any circumstances, for more than one reason. I noticed now, that though he was mentioning a case, and though he seemed inclined to listen attentively to any replies or observations I might let fall, he did not ask me to see any patient with him. I thought his errand rather a strange one. I concluded that he had become frightened of the case and had decided to call on me for a chat, so that he might obtain a useful hint or two as to what he should do under the circumstances. I gave him plenty, in order to lay

more bare his own ignorance of the case, in front of me, than to help him out of his difficulties—although I also had every sympathy for his poor patient. He went away after a good long discussion, remarking that it was a troublesome case he had to deal with and that he hoped nothing would happen to Many weeks afterwards, as already explained, I met accidentally a relative of this patient, and I noticed at once that she was not as polite to me as usual. We met at an "At Home," and when she got a good opportunity she came forward, bursting out the remark quite sternly and abruptly: "You refused to come and see my sister some little time ago, doctor, without giving any reason. I meant to ask you the first time I could get the opportunity, what was your reason?" I told her that her statement astonished me, that I had neither refused nor had I even been asked. Then the whole story came out. It appeared that Dr. Smallpill, half-fearing I would refuse to consult with him, and wishing to save ignominy in any case, had conceived the idea of making the people believe he had gone to ask me to attend in consultation, trusting that I should never hear anything about the desire on the part of the patient's friends that I should be called, while intending to return with the intimation to the patient's friends that I had bad-temperedly declined to attend. He believed his patient would get well, if he adopted a plan I had recommended in interview with him, and he wanted to avoid a consultation if possible, which might cause the patient's friends to lose confidence in him.

After this I dropped even a speaking association with the man, of course. I had learned from him a good deal about the methods of homeopathic doctors. I had tolerated his abominable presence and principles while it suited me to obtain information; but when he began to play tricks of this kind I felt I had better cease all communication with such a scoundrel rather than lay a horsewhip across him, though I

should have preferred to do the latter but for possible policecourt consequences and a discredit cast upon the entire profession.

Preaching in places of worship or praying by bedsides are rather favourite methods employed by homeopaths. Anything sermonish so savours of genuineness and honesty, you know, in the minds of certain patients. One Jabez Balfour once knew the uses of religion.

I am afraid space will not allow me to deal as fully as I would wish with the methods of homeopathic practitioners. Suffice it to say, they follow no true science; they chiefly make showy and specious demonstration, and constantly pursue the art of deception—not, be it repeated, in the interests of the patient, but merely in order to make more money. Again I remind the reader that there may be exceptions, but though I have searched the literature and investigated the personnel I have not myself found an exception.

The methods of gaining popularity adopted by quacks and most homeopathic practitioners are essentially, and, for the most part, illegitimate. These irregular practitioners are unscrupulous to the last degree, and will at any time prostitute their better sense for a mess of pottage. They do not hesitate to run down orthodox practitioners with all the impudence and daring of outlaws. They are not straightforward even in this matter; armed to the teeth with all the weapons of the worst class of marauders, they are fond of stabbing behind the back. A word whispered in the ear of the afflicted will often put to the right-about a long-tried family orthodox practitioner of the soundest and best. "The other men are so fond of the knife you know; they love torture and blood; but my soothing and saving pilules will be sure to put you right if you have patience, with God's help." Thus speaketh the homeopathic humbug.

An honest belief in homeopathy, by a man who properly conducts his practice, could not, of course, be interfered with; and

I should be the last to attack him in a book of this nature. But flagrantly irregular and dishonest methods should be accounted "disgraceful in a professional respect," and should be dealt with accordingly. To my mind there is only one thing about homeopathy which homeopaths really believe in, and that is that it is money-making, if a man can lose his dignity and self-respect sufficiently to practise it. Homeopathic practitioners are a disgrace to a noble profession, and we might be cleansed from the iniquities and irregularities of such a party if there were proper union amongst the orthodox in the profession; if we had a properly constituted and rightly representative tribunal to take cognisance of such dishonesty and disorder, and to administer injunctions or penalties. Degrees or diplomas should be taken away from mal-practitioners of all kinds, and improperly practising homeopathic doctors should be stripped of their toga of respectability, to pass on to whatever rescue the hustings or advertisement sheets of cheap papers could afford them.

Keenness of competition undoubtedly begets irregular methods, and, as we have already seen, may change a man's creed altogether in some instances. A painfully lax discipline, and a want of union and organisation in the ranks of the profession has a great deal to answer for. A properly representative presiding body, capable of fearlessly adjudicating and arbitrating, is what is wanted in the medical profession—the crystallization and focus of union amongst its members.

Certain business methods of the commercial competitor should not be employed in the medical profession. Undercutting in charges ought not to be permitted to the extent it is. Such a method tends to lower, not only the general status of practitioners, introducing as it does badly-paid club or contract work, but also the moral, social, and every other status, rendering medical men in the eyes of the public in some districts very little better than traders of the meanest order. The medical

profession, as a calling, certainly does not hold the position among professions that it ought to do, and this is due to the freedom with which many members of it have been allowed to drift into low commercial methods, in times of adversity or high-pressure—sometimes in moods of *abandon*.

And then, forsooth, the public sometimes gets it into its head that doctors charge too-high fees! that they ought to send in detailed accounts, and so on! All this arises through the public disliking doctor's bills more than any others. human to wish to get some return for money; the sick man loses health and money too. If he gain health again he does not think he acquires anything for fees paid; he feels that he merely returns to normal. I have known men and women to have their lives saved—and they are being saved every day by doctors-afterwards objecting to pay the doctor's reasonable bill. They have considered that ill-health was quite enough to suffer from, without being out of pocket as well. Let a comission be appointed to enquire into doctor's fees, and it will be found that they are badly paid, in the great majority of cases. Doctors very rarely become rich, and most of them who charge three and sixpence and five shillings for advice and medicine have difficulty in making both ends meet, whether in town or country. Their expenses are so high. They do not deserve much sympathy, however, while they remain disorganised and disunited. The status and well-being of medical men as a whole could be raised—while the public would also largely benefit—under proper union and organisation in the profession.

While dealing with medical practitioners' methods of gaining attention, favourable opinion, or popularity, it would be as well if I referred to another aspect of the question of fees. Let me draw the reader's attention to the method of charging nothing, or charging reduced fees, so commonly adopted by doctors. In the first place I would point out that any reduction of fees

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should on no account be made for anyone whatsoever without very careful consideration on the part of the practitioner. Nowa-days there seems to be a rooted idea amongst the public that doctors should be made to charge just as little as any individual of the public should please; indeed, many of the public are of the opinion that a doctor need not be paid at all if a little contumacy, obstinacy, or even bare-faced impudence is displayed. Unfortunately there are some practitioners who entirely give way to this attitude on the part of many of the public; the information that he will yield is passed on to others. Any success, after urging him to charge less, will soon spread. Certain individuals of the public believe that no doctor will actually force them to pay; thus they will deliberately proceed to engage first one and then another practitioner without the slightest intention of paying any. Young doctors commencing are the chief victims of these swindlers; it is considered that the practitioner dare not assert himself too firmly, for fear of being "spoken against." I remember the case of a young practitioner starting in a practice he had purchased. One day I was holding a conversation with a shopkeeper of the neighbourhood, and the new doctor was mentioned. I was dumbfounded when my conversant remarked that this new man would be made "to pay his footing." I amazedly asked for explanations, and the shopkeeper pointed out that a new doctor would certainly have to do a good lot of work for nothing if he wished to make a stand, or to gain any popularity, in that neighbourhood. Now, individuals of the general public do not possess such notions without having had object lessons, or without at least hearing from others how young practitioners may be imposed upon.

I would advise the young practitioner to put his foot down firmly and stand by sound principles from the first. My experience has proved that such an attitude will pay in the end. I was advised many times, when beginning practice, not to be particular about my charges for the first year or two. But such advice was of no use to me. I had no money: how was I to live, if I treated people for nothing or for reduced fees, simply in order to gain popularity?

Many young practitioners could not afford, therefore—even if they chose—to forego fees; in some instances they must live from hand to mouth. But supposing a man can afford to adopt this system of being careless about fees for a time, the system damages medical men in the eyes of the public. Those practitioners who calmly submit to being fooled and duped are certainly not thought any better of in very many instances. Some people might imagine a doctor to be kind who is careless of fees, and might speak well of him in consequence, but I have observed, times without number, that if a doctor firmly oppose and resent the evil designs of fraudulent patients, he will probably gain still better and firmer opinions in the end, in virtue of the "grit" he has displayed, provided he have average all-round abilities to practise with. As a young practitioner I was obliged to be firm as to fees and payment of bills, and I have only further to record the fact that in the end I found that it paid me to do so, in more ways than one.

Lower fees once instituted can only with great difficulty be raised to a more satisfactory standard. A man who has become popular by charging low fees, and by leaving his patients to pay or not as they pleased, runs the risk of having his nose at the grindstone all his days. I once conversed with a practitioner of this kind, on the subject, and he readily admitted that he had made a great mistake. "But," he said, "I could not charge higher fees, after ten years of lower, because I should very likely lose some of my popularity amongst the poor by so doing, and perhaps also the greater part of any better-class practice, which is largely dependent upon the good name I have amongst the poor. Therefore I feel I must keep going on in the same way. I am bound

to think of my future, my children and my wife," he said, "though I admit I am prematurely old and worn out with work."

I do not mind again repeating it, I am firmly of the conviction that members of the profession should combine to better their position with regard to the public, and endeavour, with one accord, to secure firmer and more certain payment for their services. This could be best promoted by professional union; all individuals being controlled and protected by a central representative body. The public idea that doctors are men whose bills may be disregarded ought to be straightway undone entirely. A grey-haired worn-looking practitioner, clever and only thirty-five, once told me that he could retire had he all debts paid by his former and present patients. What a confession to make! The profession as a whole ought to be ashamed that it still calmly submits to the fact that most of its members are very badly paid for the work they do. Why should doctors be badly paid when they have just as much right to be well and promptly paid as lawyers? combination that we want, a combination that will not permit the lowering of fees because a man wants to gain popularity, or because he dare not take action to recover better fees. Every medical man ought to be bound to exact proper payment somehow, and from somewhere, if only in order to save the status and maintain the dignity of the profession as a whole. A doctor should have as much right to bring his debtors to the county court as anyone else, and he should be amply protected when he does so. It is quite monstrous to imagine that it would be infra dig. for a doctor to take such a step; and yet a large number of medical men do imagine this, to their financial loss, and ultimately to the loss of the whole profession's prestige. Lawyers generally want a sight of the money first, or the clearest chances of recovering it, before they take a case. There is not a satisfactory reason to be

advanced why a doctor should not be properly paid for his services, just as any other ordinary professional or business man is; but there are several reasons why he "should be paid before anyone else." I quote this expression because it is one which has been uttered by certain of the more considerate of the public very many times in my hearing, showing that there are decent and honourable people—those having a right judgment and feeling-who can discern that doctors are often remarkably useful men in their way. Even a few of the general public can understand full well that no class of men is so imposed upon. But what I would wish the public to understand, also, is this: that the more united and better organised the members of the medical profession were the better would the general public be served: there are faults and failings in the profession affecting the general public, as well as those affecting the members of the profession themselves.

Some practitioners I have known have made a habit of charging nothing to certain influential people, on an unspoken understanding, generally, but sometimes arranged in so many words—that the latter shall recommend them whenever they have the opportunity. It is needless to mention that this is a very wrong procedure, in every way, and gives a suggestion of secret commission. (See Appendix A).

Turning from so much illegitimacy to certain happier methods which a practitioner may employ in order to gain and maintain a satisfactory recognition, I need hardly refer to opportunities of appearing in public which will be open to him. Such advertisement may be legitimate and happen in the natural order of events, just as any other man of the public or of society may legitimately draw attention and be sought after. A practitioner has a right to put himself in evidence whenever he can; any appearance he can make in public, provided he act as an ordinary individual, neither conducting himself in any grossly unprofessional manner nor adopting any

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methods which would give him a mean advantage over his confreres, would constitute a legitimate means of winning attention or even popularity. Every doctor has a right to make himself known as a man, and even as a potential practitioner, provided he invariably conform to the ordinary usages of society and never forget that he is a gentleman. A practitioner has a right to give lectures before societies of the general public in an ordinarily decorous and seemly manner. He may also join clubs of various kinds, in order to establish himself as one of a community. He may obtain undue public recognition by accident. That he cannot help: he may be snapshoted by the camera fiend, his picture appearing in the journals; he may be paragraphed in the papers, without his permission being asked; if so, he must just appear to regret it while his confreres grin and bear it.

Gaining favour with influential people may quite well be pursued legitimately, as long as a practitioner do not adopt such methods as shall be unfair towards other practitioners. Any private influence he may possess should never be employed unfairly in the face of the natural disinclination or resentment on the part of the laity: patients should never be dragooned or compelled to be faithful to him on account of any private or social influence he may possess. Nor should high office of any lay kind, or control of institutions or bodies, be used to exercise pressure upon any one, to the end that patients may be obtained, or held in subjection, as the case may be. All such things should go without saying.

I should like to make special mention, particularly for the guidance of the young practitioner, of the fact that no class of men of the general public have more influence, either for or against general practitioners, than local ministers of religion "whether for virtue or mischief." This information may be received for what it is worth, without very full explanation. A parson has the power of making or marring a practitioner, if

he has any power over the people of his parish at all. He generally has a large intimate acquaintance in virtue of his position, and his word will thus carry weight. If he speak in fayour of a doctor his parishoners believe full well that he has gleaned his opinions from close observation and from reliable hearsay. It is true that the clergy learn, as a rule, to be very prudent and tactful, and that they often avoid any reference to local medical practitioners, simply to prevent any ill-feeling amongst pre-dilectionists, but, nevertheless, a great deal can be done, and is done, by them, one way or another, often very quietly and sometimes quickly.

A practitioner may come in contact with people in high places, and may thus obtain influential and high-class patients, either through his own design and efforts, or it may be through the spontaneous and interested help of others, either in the natural order of events or accidentally. But howsoever he may get them, such patients are valuable, mark you, not as patients only, but as people who put feathers in a man's cap for everyone else to behold and be guided by. Let a doctor attend some very influential individual in his neighbourhood and he is "made," as a rule. One has seen interesting examples of this at times. I knew one practitioner to be a very ordinary sort of man in every way. I knew him in private life, and also in professional association, to have fewer all-round abilities than most of the other practitioners in the neighbourhood; but he grew a fine practice amongst the upper ten because Lady Dolcaster once happened to employ him. He drove a very smart "turn-out," which seemed to have had a little to do with He afterwards gained the bulk of his general popularity simply because new people of good class coming into the neighbourhood asked who attended Lord and Lady Dolcaster. That man henceforth would be their doctor. Older residents in a town, who have felt obliged to do as the Manor House did in order to keep their position in society—who have gone through

life following leaders, for safety sake—have even been known to be willing to risk their bodies in the hands of professional incompetency rather than disturb the opinions of friends; they would not spoil their chances of being able to keep in a "set" by sending for a doctor popular in another "set."

Of course a man may be absolutely and thoroughly worth a Duchess's message, from the beginning; but the point I wish to emphasise is this, that instances have occurred where some accidental introduction of a doctor to influential people has acted as a lift which has borne him swiftly and surely to a firm success. For instance, an obscure and struggling young practitioner in the country was once called to attend the Marchioness of Swellborough who had been thrown from her carriage. He remained in attendance, after accompanying his patient to her residence; though several other consultants and specialists were sent for, this local doctor was looked upon as a very clever doctor at once, and was soon understood to be such by all the country side. I am quite willing to admit that in such instances the doctor, getting the case by accident, has really proved himself to some extent to have been worthy of his Marchioness, or he would not have been retained, after having been first called; but the accident has determined the high road to success, notwithstanding.

I have not thought it worth while to refer to kindness as a quality sure to win attention, and ultimately success, in practice, because everyone knows all about this. But I cannot help being reminded of the fact that acts of kindness are so often differently taken by different people. The reader would scarcely believe it, but I have observed that certain expressions or acts of kindness shown towards some people, and more particularly individuals of the lower classes, sometimes give them the idea that the practitioner is weak or silly, or one who may be easily duped. I would not have referred to this apparently trifling matter at all, but for the fact that continued

kindness towards some of the poorer classes very often leads to the most wanton, and even wicked abuse, and may thus be quite unfortunately bestowed. A doctor can be too kind towards some people, in other words. We all know how some wayside beggars will say they are starving before you give them bread, and after receiving food they will throw it over the nearest hedge because they really wanted money only; this fairly well illustrates the sort of idea a kind doctor may conjure up, in the lower minds of some people. Quite a large number of the poorer classes gradually come to look upon any one who is disposed to be kind or "good" to them as fair game for fooling or deceiving. The clergy very often receive exaggerated or invented tales of sorrow and misery sympathetically, tales that are simply poured forth for the purpose of getting something given them by just those who are least deserving. Gifts, under these circumstances, do not secure heartfelt respect for the giver: a very kind doctor often loses respect by acts of pure kindness.

One arrives at this fact, therefore, that a practitioner must make a study of his people, and learn from experience or intuition what line of conduct, what help, what reproof even, he shall pursue or administer in certain cases, if he is to have the best opinion of the largest number. If we start from the extraordinary fact that a reproof, an exhibition of sternness, of cold civility, of lavish generosity, or an act of the greatest kindness, may each and all bring precisely the same degree of respect, entirely according to the disposition or nature of the people before whom they are exhibited, and that the greatest act of kindness may be deemed one of weakness by some, we shall have some safe basis on which to build up our knowledge concerning the composite, idiosyncratic, and widely-differing minds, tendencies, and sympathies, to be picked up in our wanderings amongst all sorts and conditions of people.

Generally speaking, it will pay a doctor to have the reputation

of being kind. He may be taken advantage of by some of the unscrupulous and the bad, as we have seen; but the very name of being kind is bound ultimately to reach the discriminating ears of a more profitable class of patients. Hence he will generally be wise if he give pretty freely of his goods, in deserving cases. He had better be as philanthropic as he can afford to be, if he wish to run along smoothly and success-A doctor is almost bound to subscribe to nearly everything in the neighbourhood he practises in, especially if he live in communities where everybody knows a little of everyone else's business. Very few practitioners can afford to have the stigma of being mean, unneighbourly, or disinterested cast upon them in these days. Doctors are children of the public, who are more or less obliged to be constantly getting good marks added to their name, otherwise they may be moved down nearer the bottom of the class. Moreover, a "mean" doctor will probably be accounted a poor doctor, and a poor one may be thought to have very few patients; few patients may indicate an incompetent or unskilful doctor in the eyes of many, and the last state of that man may be worse than the first-all in the eyes of a strange people, in a strange world!

I cannot close this chapter without a word concerning doctors' wives. The fact will be instantly appreciated that they may act as very powerful agencies either for or against the interests of their husbands. They may sometimes be the means of bringing attention, patronage, or popularity for their husbands to an extent that no favourable attribute of the latter could compete with. Moving in society, it is quite astonishing how much a man's wife may accomplish in his favour, one way or another. But, on the other hand, she may have just as much power to do him harm, unwittingly and unwillingly. Her energy may be well meant, but may nevertheless give untoward results. A wife must be tactful and circumspect, as well as energetic, if she wish to help her husband by means of social

influence; above all, she must be careful not to assert herself too much. The efforts of some wives acting in their husband's interests have sometimes been pitiable to behold, considering their extent and their failing effect. They have intended well enough; but, alas, they have played their part altogether Let it be understood, once for all, that enterprising wives ought always to endeavour to win; they should never attempt to push, or try to place, or whip. It is fatal for wives to proceed, as so many do, to thrust their convictions down the throats of everyone they meet that their husbands are the cleverest doctors in the place; neither should they indicate that they inwardly scorn everyone who does not think the same. A woman may have many ways of getting to work with the idea of helping her husband, and she may imagine she is doing the right thing all through, while in reality she is not. what can the husband himself do under the circumstances? It takes a good deal to understand the workings of women, and so much harm can be done without a husband's knowledge, poor man! A wife had often better be at home sticking labels on the right bottles than be mischief-making over afternoon tea.

And remember, there are sure to be other doctors' wives not far away, capable of creating scenes and sowing dissentions, with cunning machinations to complicate matters. I was once thrown into company which included a doctor's wife, Mrs. Anxiety, who was fairly well known for the canvassing and whipping-up visits she paid patients and others, every now and again. She did not know who I was at the time. Everyone was sipping tea and chatting vigorously. She spoke with a high tone of voice, and all those whom she addressed took conversation greedily from her as she gabbled away; she was understood to be one of the "leaders," and everyone seemed to return the warmest sympathy and appreciation at everything she said—as they usually do at afternoon tea-parties—until she had gone. Then the chorus went up:—"She can sound her

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husband's praises, and no mistake: she is always talking about his patients and his large practice!" Then someone present spoke alone:—"Mrs. Complacent, our doctor's wife, never harps on her husband's concerns." "True," interjected another, "I don't think Dr. Anxiety's practice can be a very large one, if his wife has to work so hard for him. The fact is good wine needs no bush!" "And good doctors need no push!" ejaculated a third.

The wives of doctors should themselves make a study of human nature if they are going to cultivate afternoon tea and polite conversation with a view to doing their husbands good.

They should also learn to keep their husband's secrets. A doctor should on no account talk to his wife about his patients unless he has absolute trust in her capability of keeping the information to herself. I remember a friend of mine losing a valuable patient because his wife had told someone the nature of the complaint which the patient suffered from.

CHAPTER VII

FOR APPEARANCE SAKE

It may be annoying for a man who wishes to work for work's sake, who would prefer the world to estimate simply the value of his achievements and not take any notice of his person, to have to consider the wherewithal he shall be clothed; but the plain truth is that, as things are at present, we in the medical profession are obliged to fit ourselves into a queer world; we must not attempt to mould the world to suit our individual Things are what they are, and we must needs make the best of them; we must exercise our common-sense, educated sense, and special ingenuity, according as we imagine others around us will be satisfied or pleased with our efforts. "I don't care what the people think," said a very clever doctor who wore a dirty straw hat in winter and looked altogether "What does it matter, whether I wear a straw hat or none at all? I shall do as I please." I knew the man well, personally, and one cleverer or more devoted to his work would be hard to find. He was a charming individual, socially and scientifically, yet he would hear no argument in favour of studying appearances. And he suffered for it, accordingly. People would remark :-- "Yes, he may be clever; and I am sure he is, from what I have heard, but I cannot fancy the man; he seems peculiar somehow; he may not be careless as a doctor, but he is certainly careless about himself, and I would rather have Dr. Smartlet who looks every inch a doctor."

It is a strange fact that the cleverer a man is, or the nearer he approaches a genius, the less he seems inclined to regard personal appearance. Artists and musicians often look dirty and shabby. A genius is often either grotesque in his appearance, or shabby and dirty; and a larger number of clever people would be shabby if it were not for the exertions of their friends on their behalf. I recollect the instance of a philosopher, having a big brain and powers of deep reasoning, being beseeched by his daintily dressed daughters and artistic and despairing wife to get a new suit of clothes. He had worn his coats threadbare and green, and his friends began to feel quite uncomfortable about him, great man that he was before the world. He was chaffed and urged for many a month; cajolery, strong persuasion, and even bullying were tried in their turn, until he at last consented to be conducted to a tailor's establishment. No sooner had his daughters got him well into a shop—for he would submit to no home measurement—than a hand-rubbing salesman confronted him with all courtesy and deference, and in the sweetest and most subservient tones soon began to direct attention to the season's goods and latest styles. The tailor thought his customer very apathetic, and strange in manner, at first, but immediately put that down either to age or dementia. Then the daughters proceeded to select a pattern, the philosopher being only too pleased to allow them, so that he might return to untrammelled and serious thought again. Meantime, father had been dropped upon one of the shop stools. The selection was soon over, and then the tailor, advancing politely, asked his customer to kindly stand up so that he might take the measurements. At first the philosopher could scarcely divine what the man wanted; however, finally grasping the situation, he replied testily, "Nothing of the kind: if you cannot measure me while I sit, I will have none of your clothes." He was determined to have his own way, and would brook

no argument. He was fitted up with some sort of a suit in the end.

I recollect another case of genius going threadbare. His sister ordered him a new suit. It was delivered and the parcel remained unopened for three months. His sister was obliged to unpack it, and to exercise all her influence to get him to wear the new things.

A young man of my acquaintance is a recognised genius, but it is necessary to devise certain mental stimuli, to turn his brain a little, each time he requires any new apparel, for he would never take the slightest notice of his own appearance, nor would he regard any ordinary opinions expressed by others as to what he should do. He once had to be threatened by one of his dearest friends that he would cease walking out with him if he did not dress more decently. This appealed to him at once, after the efforts of his relatives had failed.

Such cases as these serve to show how some people may become absorbed in their life's work, and so devoted to labour, that they develop moods like naughty obstinate children in the hands of their friends, and grow utterly regardless of personal appearance. They develop cleverness on one side, and madness on the other. "Who is that strange-looking man just gone out," said a passenger to the 'bus conductor. "Oh! he lives in that large house at the corner: they say e'es mad, but I think it's the right sort o' madness: e's a Feller o' the Royhal Serciety, or something o' that sort," was the reply.

When a man is found careless regarding outer dress he will very often also show signs of being personally soiled also; his collars and cuffs will not be of the cleanest, if he wear any at all, and the nails of his hands will generally be observed to be in mourning. The doctor referred to, who wore a straw hat in the winter, was decidedly dirty to look upon. He almost appeared as though he had slept over night in his day clothing. I knew him to be a man who would read and study far into

the night and even small hours of the morning, and I was informed that he was sometimes given to falling asleep and spending the night on a couch.

People do not relish a dirty looking doctor. They like to be visited and handled by a clean and wholesome man. no use to present the argument that a man is clever or has great abilities; this will not cover up the sensation of personal neglect entirely. Individuals of the public are guided a good deal by appearances, and they make their own particular estimation from the surface of things, to a very great extent. practitioner who looks clean and "every inch a doctor" is the one who will have certain advantages over another who may be known by certain members of his profession to be of the front rank as a scientist and a practical man, but who, nevertheless, has an "appearance that goes against him" in public. Doctors must recognise this matter of mere appearance as an important one if they wish to succeed in practice, notwithstanding any estimation or knowledge they may have concerning their own abilities as scientists.

It is surprising what the public observes and counts on. Sometimes the slightest thing about a man's personal appearance, some trifling detail about his clothing, will be picked out and commented upon. A doctor is the closest scrutinised of all professional men, coming into actual contact with the public in the intimate manner that he does in his practice. I am not trying to encourage members of my profession to become walking advertisements for tailoring establishments, like so many dressy dandies: I merely wish to point out the importance of being well and properly dressed.

But on the other hand I am very well aware that too great attention may be paid to personal appearance. I knew one practitioner—clever man that he was, and most successful—who was commonly referred to by people who knew him as having one great weakness: he invariably walked across either recep-

tion or bed-room to a looking-glass, as soon as he entered, when visiting a patient. He was never quite happy in a room until he had had a good look at himself. Those most devoted to him excused him entirely, considering him "a handsome man, whom no one could blame for being vain;" while others thought him weak and effeminate. On the whole he lost by this silly exhibition of vanity; many even despised him for it, especially as he used to walk and drive with a very self-conscious and self-satisfied air.

A doctor will always be safe if he dress quietly, in dark clothes, provided he insist upon having good quality of material and correctness of style: his dress will, moreover, be infinitely less troublesome to him if he always deal with a thoroughly reliable town tailor. He need never worry about something extra, or strive for uncommon effect: he can never look shabby if he recollect the simple fact that he requires new suits, dark in colour, so many times a year; and he need never be troubled particularly when living in the country, if his town tailor have his measurements and will send him patterns by post. It is easy to dress well if a man be willing; it need only require a few moment's thought about twice or three times in the year, if a good tailor is dealt with and a reasonable price is paid. It is when needless variety is sought, and inordinate vanity is displayed, that difficulties will be encountered and risks run—when a man is given to thinking what boots, gaiters, waistcoats, trousers, ties, shirts, or hats he shall put on for the day. An over-dressed man may look a foolish fop if he is not very careful about colour and design; and one who is constantly changing may get credit for being feather-headed.

Light-coloured clothing is dangerous for doctors because it will not stand soiling; and good doctors are sure to be soiled a little occasionally. Darkish greys, growing darker to black, should be the colour most worn, and they had better have a

sergy or roughish surface, to be serviceable and to keep their shape well.

Nothing looks better on the head than a tall silk hat, anywhere. In the country, however, almost any kind of hat may be worn with impunity by those practising nearly or entirely unopposed. Light coloured head gear may be worn to advantage in the summer, and felts will always look better than straws, no matter what shape or colour they may be.

Black boots should be worn on all occasions, never brown. I would advise the very best blacking boots in preference to patent leather ones, whether in country or town. Nothing looks better than well-brushed boots of good fit and quality—those which have the appearance of having had a good servant about them. Patent boots, after all, may be cleaned by a wipe of one's own handkerchief, you know, and they sometimes give one the impression that a man is seeking rather too much for effect while he does not want the expense of a bootcleaning boy.

The London public demands a tall silk hat, as the doctor's head covering, and, make no mistake, this public will have it. It is no use for country doctors to sneer at their town brethren and say they "would on no account wear a topper," as I have heard them do; we are all children of the public, my reader, and Dr. Allalone of Hodge Marsh would have to think of his hat if he ever came to "try his hand" in the West End of London. As regards the provinces generally, a good deal will depend upon what the other doctors of the district wear, for there are local fashions. I know some quite unimportant towns where tall hats are de rigueur; one or two have adopted them and the rest have felt obliged to follow. In other places not a single practitioner will be observed to wear one—unless perhaps an aged man upon whom all the rest rely when they want a consultant: should one of the younger ones dare to try a silk hat in this place he would be chaffed and derided,

by opponents and their friends, until he went back to a bowler again.

I would strongly advise all medical men to go to a good hatter and have the shape of their head taken by a block arrangement—free of charge in most instances. Indeed, I would advise every man to have a hat made to fit the head, rather than purchase an uncomfortable one with the intention of gradually working it into easy shape. It will pay in the end. All heads are differently shaped as well as sized, as an inspection of sections in cardboard or of the blocks at any good hatter's will at once show. If a hatter have the accurate shape of the head at the place where the hat should sit around it, then all a customer need do is to send a post-card when he requires a new hat, always being certain that he can be exactly fitted. I mention configuration blocks because so many medical men do not know there are such things.

Light coloured vests or waistcoats may sometimes be worn to advantage; but here again I wish to urge the point: if a doctor wish to always appear well-dressed—without much trouble or expense, to himself—the plainer the better. It is possible for light coloured waistcoats to become quickly soiled, and a man may be too busy during the week to think about changing. Practicable, economic, but always smart enough: that is the idea; looking the part. Doctors are generally busy men, if they have practices worth anything, and therefore they will be the more comfortable in their minds if they can be certain of their appearance without thinking much about it. They should dress well, therefore; and let the clothing be plain and of good quality if they want to look well and succeed in their practices.

Only a very few can wear spats or gaiters. These are best worn by elderly men. Light ones must be watched carefully and should never be seen soiled in the least. I do not myself think that these articles of dress are ever worth wearing; they may look nice sometimes, but they indicate in a good many

instances too much striving after effect. If a man do not come up to the average in general appearance gaiters will sometimes make him look ridiculous. They are like an eye-glass, rather difficult to wear. Those who have already an aristocratic or important bearing wear them best, not those who appear vulgar and who wish to look more important.

It will pay a doctor to wear the cleanest of linen on all occasions, even if he be so poor that his outer clothes are not of the newest. I once observed a most shabby and patch-clothed parson walking along the street—so dirty looking that he was a subject of curiosity to me at once. I could only detect his calling from his hat and the cut of his coat at first, having a side view; but my opinion of the man changed instantly when I saw his collar and cuffs were of the whitest, unsoiled. I believed the man had a clean mind and a clean person, and he would have had clean clothes also if he could have got them; he had done what he could.

There is money in appearance, undoubtedly, no matter what a man's calling may be. It pays to look "a nice man," if you can. Our straw-hatted practitioner, before referred to, might "Pshaw! to think that a man, and a scientist, answer me: should be obliged to study dress and personal appearance! The idea is degrading: it is too absurd for good brains to waste time over." An artist once made this remark to me: "I could take more interest in you scientists and medical men if you thought less of your frock-coats, carriages, and tall talk. I work for the love of art myself, and I never consider what I shall wear or what money I shall get for my pains." Here was an artist, if you please, who had been brought up in the lap of luxury, whose relatives were all well-off, and who himself had five hundred pounds a year private means since he came of age! He had the vanity, however, to wear a thread-bare velvet coat, a Byronian collar and long hair. So much depends on circumstances, more than this artist had any idea of. I can

quite forgive our dressy doctor, when I know it pays him to look well; but I despise your narrow-minded artist who poses to please himself, hoping others will be as fascinated. To the ordinary observer, he may look a fool at the same time that he *thinks* that others consider him wonderful, and also feels himself to be an interesting personage.

You must have a certain amount of money in order that you may prosecute a scientific calling. You can write books, or paint, in rags, with only a drop of ink and a pen-I have valuable MSS., on brown-paper, and on scraps of Bible cover, written by a clever prisoner while in gaol—but you must have money if you wish to search and research; and much more if you wish to practice medicine. Every doctor must necessarily think a great deal about his fees. His expenses are great, and he must needs exercise his business instincts in order to meet them. It might seem a pretty thought, I admit, that doctors should practise for love only; but necessity is to be reckoned with. Even "put-on" countenances may also be studied. Nay, they must; they are not only justifiable, but almost as necessary to consider as clothes. "A nice face" helps a man. Even parsons will benefit by adopting, at appropriate moments, an ascetic mien, a beatific countenance, and a gentle voice.

I have often felt that I should like to tell some practitioners, of fine brain and wide capacity, how they might double their incomes, when I have interviewed them and observed how they have received their patients—cold as ice and with stolid aweinspiring countenances, not even kindly smiling. I know there are men who are too clever to ever look nice, having developed by hard work, thin, dyspeptic, and uncanny countenances, which are almost forbidding: Such men have so frightened their patients by their manner that they had to give up practice and turn to something else for a living: they have never known, however, the exact truth why they failed to win patients.

It will be all the better, also, if a doctor look healthy.

know a clever and energetic practitioner who would be in twice the position he is in now but for his cadaverous and consumptive appearance. Poor fellow, he suffers from dyspepsia, chiefly I believe on account of the disappointment he suffers at not succeeding in practice as well as he should. He even looks worse than some of his patients, in the face; and his appearance is often remarked upon: some wonder why the physician cannot heal himself, and others say they feel almost ashamed to appear better in health than the doctor who is attending them.

A doctor's wife and children ought to look well and happy also. The general public notices such things, and thinks that a man who can keep the health of himself, wife, and family up to an obvious pitch of excellence is one to be all the more trusted as a family doctor. I am not intending to inform doctors how they shall secure the blessings of health for themselves and family—unless, perhaps, I might advise as little work and as high fees as possible—they know what to do, of course, unless they are by nature, development, or pure misfortune, like the shoemaker with his children's shoes. Do not mistake my mission. I merely desire to point out certain attributes and even artificialities that will help a man on in the world. I have merely a mind to indicate or suggest some of the innumerable conditions that make for success or failure as the case may be. Satirical, it sounds? Well, probably!

I must remind the reader that the age of a doctor is a more important matter than many seem to imagine. Grey hairs and a patriarchal countenance will sometimes inspire confidence when nothing else in the world would. Some people believe that no one can know so much as their "dear old doctor," while the truth may be that he has nothing like the all-round abilities which a certain young practitioner has, who lives not far from him and can hardly earn his rent. The fact is not always realised by the general public that

doctors differ to an extraordinary degree, not only as regards their opinions, but in very many respects, and it is sometimes very difficult to draw comparisons between them. An old and eminent man in one department of general work may be quite ignorant in another; while it is true that a beardless young practitioner, who has distinguished himself for his learning from the beginning onwards, in all departments, cannot possibly possess all the practical knowledge derived by an elderly man from 40 years of experience in general practice.

Medical men differ very much in scope of knowledge and experience. I admit that if a man has had very great general experience, and has also acquired the highest knowledge, up-to-date, in all departments, he will be near being a perfect practitioner; but where do you find a general practitioner beyond middle age who has obtained large experience and who has advanced with the times in his methods, adopting the very latest in all treatments? You will scarcely be able to find such a man. There are a few such, but very few. As age advances and practice increases there is neither time nor desire for much further study in general practice. A man cannot know and do everything.

Amongst the public one finds some who believe in quite young doctors, "because they know the latest, and have had a longer course of hospital study than older men." Quite so; but I have observed such men entirely beaten by older men who have had long experience—which, after all, must be of the highest value to most men if they have ever had any hospital training at all. I once heard some young first-class-honours' men loftily theorising over a case of rodent ulcer on the nose, pointing out the characteristics most learnedly, in a manner that would have done credit to professors of surgery, which an older and very ordinary slum practitioner afterwards correctly diagnosed as the initial manifestation of syphilis. On the other hand I have known an aged and highly experi-

enced practitioner to have expostulated with a lad, who was seriously ill, for not confessing that he had contracted bad habits, which the doctor considered were the cause of his condition. The distressed youth, however, happened to write to his young doctor brother, who had just qualified, explaining a few symptoms to him, which this theoretical tyro at once correctly associated with diabetes (preputial irritation).

Therefore some people will have confidence in young doctors, while others will only believe in mature and tried old age. The general public has certainly shown a tendency in recent years to place greater confidence in young doctors, and I think this is due to the wide-spread understanding that so much more is now known respecting diseases and their treatment by young men than was ever dreamt of by their fathers; the public have developed this understanding very largely on account of the wide information which the lay press now offers. New discoveries are in these days quickly chronicled, new methods being discussed before the whole world. Formerly our fathers studied medicine and surgery for about three years; now our sons must work very hard indeed for five. At this stage of human advancement, much better means of deriving information and obtaining expert advice have entirely altered the estimation and calculation of even "the man in the street." Years ago the mistakes and failures of old doctors were soon lived down; age covered up everything: now news spreads more easily and rapidly; men called consultants are quickly brought upon the scene if there should be any heated difference of local opinion over a case, even in distant country districts.

Though younger men may be supposed to have accumulated greater knowledge of medicine and surgery in their five years' study, as compared with their fathers, who only "walked the hospital" for three years, it is almost fatal for a young man to appear very young, even much younger than he

really is, in either manners or features. The public will not place confidence in such an one. Let me, therefore, advise the young doctor to do all he can to appear a few years older. He has a right to do so; it will pay him. This point should be seriously noted by any beginner. I am acquainted with a married practitioner of thirty, who somehow or other-I cannot explain exactly why-only appears to be about twenty-two. If he were not married he would scarcely be able to keep a single patient in the practice he has purchased. Such a man should be extremely careful how he conducts himself, not only while actually practising but when not actually engaged in the work of his profession. I know some men who are able to appear, or who naturally appear, old enough as doctors, but who are positive boys when not at their professional work; their juvenile deportment during diversion has commonly had the effect of shaking the confidence of their patients and friends. A doctor should never appear a fool in anything, not even at play, at anytime. He should never suggest that he is younger than he is, as women do. He had far better step a little to one side, away from the gaze of the public, when he feels constrained to gambol for the very change of it. I do not advise him to abstain from play altogether at this stage, far from it: I advise him to play all he can, but he had better not let his patients see or hear of it if he wish to get on in the medical world. I can hear a critic remark: "Fancy preaching the doctrine that a doctor should not sing or dance!" Yes, fancy! Fancy telling the failing farmers of the present day that they must now work and leave the hunting field. I am not instructing anyone that it is pleasant to work hard and to play in secret, to consider very fully the minds and desires of your public: I simply recommend a saving move in economics if a man wish to keep his head above water when competition is keen, whether the move be nice or no.

"How young he looks," said a lady once, when she heard her new doctor's name mentioned: she had turned round to look at him as he was going in to bat at cricket: "Yes," remarked her friend, "I do not know how you can possibly have such a youth to attend you." In frock coat and tile hat this slim and athletic practitioner looked ten years older. Yes; I quite agree with the reader: it is a pity we have to consider the public to such an extent; but we are literally obliged to do so, more or less, all of us.

It goes without saying that a beard makes a man look older; eyeglasses do also. Some sensible men not only strive to look older but to look "every inch a doctor," according to their own idea of making up. Those old enough, and merely wishing to look very much like a doctor, will sometimes cultivate short "mutton chop" whiskers, with a clean upper lip and chin, after the manner of some doctors of past ages—a fashion I cannot commend, however. This artful form of clipping may make a man look a little older than a clean shave would, but not so old as a beard: "mutton chops" may be what the old doctors used to cultivate, but I am bound to give my opinion that they do not suit a young man at this end of the century; they make one look either like a groom or an effeminate and affected simpleton, especially if the hair be parted in the middle as well.

The married state undoubtedly helps to make people think that a young practitioner is old enough to know what he is doing. Patients think that a married doctor is more a man of experience than a single one, and is more fitted to act as a family doctor. It is strange, but true, that the public will, in their own minds, perceive a man of twenty-three, who is married, to be older or maturer than another of thirty who is single—other things being equal. The former will be described as the doctor, the latter the young doctor. Many young doctors are thus constrained to marry by the persistent

chaff and unpleasant remarks they encounter. I knew one who married within a month, after hearing that it had been remarked that he was not old enough to manage a wife and therefore could never be expected to make much of a practice. Another young doctor heard that a somewhat similar statement had been made regarding him, so he left general practice altogether and went into the army. Girls' mothers, again!

Driving may add to general appearances very considerably, and, of course, much will depend on what is driven. The very fact that a doctor drives round to his patients argues, though it does not by any means prove, that he must have a certain number of patients to drive to. The man who walks may have only one or two patients to attend, in the idea of the people in the neighbourhood. The truth is that practice makes practice, and the fact that a doctor is attending many people makes still other people satisfied that he is fit to attend them also. A walking doctor does not suggest the years of establishment that a driving one does; he may have just commenced, some people may think, and therefore he cannot be relied upon so instantly as the man who has rented stables and driven high steppers for years. It follows, further, the faster a man drives the more work he will be supposed to have.

A doctor's "turn-out" had better be plain but well-chosen, just as his personal apparel should be. Good horses and well-kept harness all help to give the public some confidence that a busy and bona-fide concern is being conducted. It might be supposed that such arguments would go without saying, but there are some doctors who appear to be quite ignorant regarding such means of inviting attention. Just as there are some men who will disregard personal appearance, so there are those who will drive any old horse in a ramshakle conveyance. It is a simple truism that Anglo-Saxons know the art of advertising well. No other people advertise more than one-fourth as much as English or Americans. Sad, may be; but

simply true. Remember, again, I am not exhorting the reader to advertise: I am dealing out philosophical arguments and exemplifications in order to teach principles. Anglo-Saxons are a freely believing people and not afraid of proclaiming their abilities or pointing out their wares. It is also true that new people coming into a town or district will soon learn all about the doctors of the district, by hear-say advertisement, so to speak; they will also note for themselves, and pay attention to everything they see, including horses and broughams. smartest conveyance may often alone win a stranger's patronage, as many doctors well know. People have been known to refuse to employ any doctor in their district who did not drive Suburban swells, who have risen in the world, are often given to estimating the worth of a doctor according to the conveyance and horses he drives. So much is this the case that doctors will often strive to possess a brougham or a victoria, even if they have to hire one, so that they shall have a better chance of securing patients.

Not only does driving a good "turn-out" help a practitioner considerably, by indicating or suggesting that he is well-established and has a substantial concern, but it also proclaims his readiness and ability to attend promptly in cases of emergency. It makes people imagine that the doctor is willing and ready to attend an urgent case post haste at a moment's notice; and when the patients of a practice are scattered about, some living quite a distance from a doctor, greater confidence will be felt in sending for a man who can drive promptly and swiftly to them if necessary.

That driving pays, as an attraction, is shown in an amusing manner by the tricks that some practitioners have been known to resort to, soon after they have commenced practice, when patients have been fewer than they had wished. One man I knew used to instruct his groom to drive up and down certain streets, so that the people should think that he was attending

somewhere near there; of course a "turn out" and groom frequently seen soon came to be recognised by the people as belonging to a certain doctor. In some cases bells have been attached to a horse so that the people shall be better able to recognise a certain doctor's "turn-out" by even hearing it. The young practitioner referred to above carried his principle of sending the groom out still further. When he wanted to go away from home for the day, he would tell his man to drive out at the usual time, to do a little shopping, or he would instruct him to saunter slowly down certain streets. It is a very common thing for doctors to send their grooms about with a victoria or brougham, shopping. Another practitioner who wishes the people to think that his practice is a very large one is known to begin driving rather late in the day, so that people shall believe he has been visiting all day, and that he has even had to continue late into the evening. He also has a bell to help recognition, and, not infrequently, his friends take the bells of other conveyances to belong to his, and they will remark "I heard you drive past several times yesterday, doctor," when he had never been near. A certain doctor used to drive through his small town at a break-neck pace once or twice a week—the groom holding on to the seat—so that the people should think and remark "Dr. Enterprise must have several urgent cases: he seems to be sent for a great deal now." He was followed once, however, by an opponent, on a bicycle, after one of these fire-engine rushes, and discovered in a country lane outside the town giving the horse breath. I mention these tricks in order to show the reader the value of appearances: not that I advise anyone to adopt them; and not that I have a particular desire to "give away" anyone in particular.

You must study extremes if you wish to learn means. By means I mean moderate methods, not mean actions. Most homeopathic practitioners know the value of a smart "turn out." One I know drives a carriage and a high-stepping pair

of greys. This man is known to a vast number of people on account of his pair of greys alone.

At the present day a motor-car is a fine means of advertisement for a doctor. Those who already possess them will not speak to you about advertisement, of course; but there it is. Still, if there are advantages in driving there are also disadvantages. Many times I have heard doctors remark that they have never any trouble in life worth speaking of unless it has something to do with either horse, conveyance, groom, or horse's food. Some doctors are very unlucky in their stables, having their animals either sick or lame very frequently. once met a friend in London after he had made a five years' trial of driving his own horses and conveyances. found that he had sold out and was again hiring. He gave me an account of his troubles, which ranged from bad bargains with horse dealers, to broken legs, runaways, drunken grooms, hay stealing, love troubles between stablemen and servants, and so on. And with doctors some accident or misfortune with horses is sure to happen at the very busiest time.

It is only possible to hire proper conveyances and horses in certain towns and districts, however. In large towns there is an immense amount of hiring done by doctors, and in most of these instances the people believe that the doctor's carriage and horse are all his own. But even if known, it is not considered so derogatory to hire in large towns as it would be in smaller ones. It would not be wise to hire regularly in the country, for more than one reason.

A doctor's house is of course an important item of the whole mise-en-scene to consider. People walking past brass plates first read the name on them and then immediately look up at the windows and front of the house. Many a young doctor—and many a wife also—has sat at the front window waiting and observing the faces of the curious as they passed. Criticising women will walk along and note the quality of the

Character is even read from curtains, and the new doctor's wife will be estimated according to the appearance of the front of her house, at first, as will also the means and station of the doctor himself to some extent. I took to studying curtains myself, when commencing practice, in the first house I rented, as a young single man. I made myself an authority, of necessity, for I had precious little money and did not think it would be at all wise to let the people of the district know it. However shabby I knew I must remain for a time at the back of the house, having a large garden and no gardener, and threadbare within, being only able to afford a cheap general servant, I felt that at least I must buy a few decent curtains, even if they had to be second-hand ones. Up these went first of all, all over the front of the house, to hide everything.

Practitioners who can afford it will do well to study carefully the entertaining of friends to dinner, or the holding of receptions—"at homes" as they are commonly called—and a tactful and resourceful wife will be found almost indispensable under such plans of campaign. And, with a view to such entertaining, the inside of a house and all appointments cannot be too carefully thought of, so that all those who are invited may be impressed with the substance, tone, general indication of well-being, and proofs of successful practising of the host. There are some doctors who make a point of inviting to dinner people who have newly arrived in the district, if by any means, fortuitous or accidental, they can approach them near enough to give the invitation. Thus an acquaintance is established which may ultimately develop into actual friendship, and is almost sure to lead to increase in practice in the long run.

Even a doctor *commencing* practice in a district will also do well to entertain as much as possible, if he can afford it. In this way he may gather together a circle of friends and patients rapidly.

As demonstrating the care and thought which many doctors bestow upon their house, and upon entertaining, it is quite noteworthy how they invariably strive to possess good furniture as soon as ever they can afford it, if possible antique. doctor is a furnisher in antique par excellence; whether in West End consulting-rooms, or in houses of far remote country districts, you will find as often as not that the doctor is a connoiseur in antique furniture and has an eye for artistic house decoration. Most of the customers of antique furnishing shops are said to be medical men. Nothing looks better in a house than good old furniture. Quite apart from the question of intrinsic value or of æsthetic taste, there is a suggestion of substantial inheritance about it also. Like old family portraits in oil, and crests, it gives outsiders the idea that a man's forebears have themselves been people of power, that the great grandfather, and the grandfather and father, were all doctors also, and once possessed the finest of furniture and medical practices. Some people like to hear of many generations of doctors; they have greater confidence in a son when they knew the father and grandfather by reputation.

Though I would recommend every young doctor to begin practice under as luxurious conditions as he can possibly afford, provided he be certain he has abilities which will recoup him for heavy initial outlay, I may mention the fact, for purposes of antithetic illustration, that I, myself, could not afford to do better in my early days of practice than occupy fifteen-shillings-a-week lodgings, where I had permission granted me to have a brass plate on the little front garden gate—a permission which the landlady was glad to give me because it gave an air of respectability which attracted other lodgers. But after six months I moved into the house that became vacant next door to me. Here was a three storied house, big enough for a young bachelor to get lost in. My lodgings had become known as an address for patients, so I thought it wise to take

the house next door which happened to be vacated, however big it was. I had confidence that the mere fact of moving into a house would impress the people with my progress. should I have done without confidence! I had not the means to make the move I did, but I felt certain I should have soon. Having first bought cheap curtains, I approached a furniture dealer and induced him to let me have certain articles on the hire-purchase system—of course at a much higher rate than I could have secured them for cash, and with the chance that everything might be seized if I could not keep my promise. But I felt I was certain to succeed in practice, and so I was more or less happy. I only furnished a dining-room on the ground floor at first, which was to serve as waiting-room as well, if patients should happen to come more than one at a time; and I also fitted up a small consulting-dispensary, the bottles being cut off from patients' view by a cheap japanese folding screen. I flattered myself I had a certain amount of taste, and I believe I made a few things in two rooms look as though the whole house were loaded from roof to floor with In addition to a cheap hat-rack and umbrella-stand for the hall, I furnished very scantily two bed-rooms, one for myself and the other for an elderly general servant. I, myself, filled the position of housekeeper, and I really worked hard, inside the house and out, as mechanic, gardener, upholsterer, extra servant, boy, and sometimes charwoman—as well as professional man. I never employed anyone if I could do the work myself. I was obliged to save every penny. Necessity mothered my aptitude, and pretty well made me "jack of all trades," before I had earned enough in professional fees to employ others. I put down all my carpets and hung the curtains myself, first drawing down the blinds so that no one should see me at work. I was so afraid lest they might think I could not be much of a doctor if I worked with coat off and sleeves up.

In that very house I washed my own kitchen floor one day.

I had summarily dismissed my cheap general servant for some reason or other-drink, I think it was-and had telegraphed for a young sister to come and feed me for the time being, until I could get another. Poor girl, a petted daughter at home, she had never lived under any trying circumstances. Cheery as possible at first, she began to get gloomy very soon. One morning, I was bustling about arranging everything for the day, when I found her sitting in the kitchen crying; she said she was unhappy, and did not like the "miserable state of affairs" at all. She asked if she might go home again. She had never been obliged to do a stroke of rough work in her life. She did not know how to begin. I only now required her to do a little amateur cooking for a man who was not at all particular what he ate in hard times, sad cakes, eggs and so on; but when she perceived that the kitchen was dirty, and that it was impossible for her to cope with all the difficulties that bristled around her, she quite broke down. I could quite understand it, and tried to cheer her up by promising she should go home in any case, whether I could find anyone to "do" for me or no. Such a desperate corner, however, only served to screw up my determination all the tighter. I told my sister, with a rather forced laugh, for I could hardly raise a natural one, just to sit down a moment and watch me clean the kitchen. I was inwardly becoming alarmed at so many obstacles and misfortunes showing themselves; though I managed to turn my pale-faced dismay at the extremity I had apparently reached into a flush of temper. I turned up my sleeves to fight the situation. Bucket, soap, and brushes were out in a trice. I can feel the very grit of whiting and hearthstone still on my hands, as I now write twenty years afterwards. remember nearly every brick on that uneven floor. I felt happier when I had conquered the kitchen. By eleven o'clock I had done a "wash and brush up," of both places and person, and was soon on my way to the houses of patients, who would have been surprised if they had known I had been busy with soft soap and bath brick, shortly before seeing them, scrubbing my own kitchen floor!

In that house I slept eight nights absolutely alone, only being able to get a charwoman to clean up a little and to boil an egg or two in the day time. But I kept up an appearance, notwithstanding, knowing the absolute necessity of appearing to be flourishing, knowing perfectly well that such goings on, if they were known, would militate against my progress. reader may imagine I should have gained sympathy if these circumstances had been known, but I can only repeat that nothing helps a doctor in practice so much as an appearance of progressing. If it had been known that I was as poor as a a church mouse I should have failed; as it was I succeeded eminently. I was determined to win. Nobody knew the straits I was in, excepting the charwoman herself, and she was too old and blunt-minded to bother about telling anyone. I used to answer my own front door bell when someone came, explaining cheerfully, and by-the-way, that neither my housekeeper nor any servant was available at the moment. times I would remark that I happened to be just behind the door when the bell was pulled. I was neither a stranger to whitewash nor white lies in those days: I knew that my existence and future largely depended upon stooping to circumstances and making the best of a very little. a time have I sneaked to the front of the house in the dark to clean my own brass plate, rubbing very rapidly. These were the days when assistants were offered a beggarly £50 to £,80 a year for seeing club patients and doing night work, receiving the very scant respect of chiefs belonging to an overcrowded profession: a very little of this kind of life sent me looking after a practice of my own.

Would you think about a wife under these circumstances? Indeed! What should I have done with a wife! I could

hardly keep myself! But I suffered from cheap housekeepers; there is no mistake about that; they were usually thieves, and sometimes drank as well.

A good deal that has already been written concerning personal appearance and driving will further apply to a doctor's house. It is a commonplace that the appearance, in and out of the house, will to some extent reflect the character and substance of the people who live in it. My old friend, Dr. Macartland, also understood this well; when as a young and very promising man he thought it was time he had a swell address. Let me tell you about him. I am not the only one who has worked from a brass plate and a bit of cleaning paste. He boldly chose one of the very best West End Streets of one of our largest towns and straightway rented the whole house. He, also, had confidence and determination. Clever man he was, and resourceful, and I respected him for it. He was also poor, and I had therefore the greater respect for him. He only furnished a small consulting-room and a bed-room, and had a charwoman to attend daily in order to do the work of these rooms. Good man! He got up his curtains first, and put them up himself, as I did. The reader might be wisely thinking that such a man ought to have rented only a ground floor; nothing of the kind; it must be borne in mind that if other people occupied part of a house they might get to know too much of the doctor and his ways and might do him harm by gossiping. Our hero was better alone in the glory of his wisdom, his make-believe policy, and his poverty.

He soon got together a practice, and within three or four years he bought the house he commenced and continued in, for cash down.

Let such examples as this be read twice over by those delicate-handed and chicken-hearted sons of mothers who at once complain if they cannot have a nice practice bought for them, with house and stable, so that their sisters may call

on them and fuss around the arm-chair of their "very clever" doctor brother, lighting his cigarette for him, who, they imagine ought to have all the patients of the neighbourhood if he had what he deserved, only "the horrid people will not come."

Some people argue that it is far better to be poor, and to work up from nothing, as I myself and others have done, and they will go on to explain that money is dangerous, and that it so often spoils young men. Now, I will take the present opportunity of contesting this argument. I believe that those who fail with money would also fail without, and I am further of opinion that the majority of practitioners of medicine who have been poor and have still succeeded against great odds would have done very much better if they had had fair capital to begin with. Much might be said on both sides I know, but I opine that it is generally the man himself who makes success or failure, no matter whether there is money or not to help him in the beginning.

To further consider appearances, it is often quite astonishing how the every-day habits of a doctor are watched and commented upon. I once heard it observed, by someone who went about with his eyes open and who took an unusual interest in men and things, that a certain young doctor was sure to succeed in life because he walked quickly and with a firm step. He was remarked as being very like another young business man in the same neighbourhood who had just started a concern of his own, who always walked as though he were in "Both those men will succeed before very a great hurry. long: you will see," was the opinion expressed. In the short course of a year or two both did signally succeed. removed from a small provincial town, where they had started to London, and in less than five years their names—one in a profession and the other in business—were known throughout the length and breadth of Great Britain, and even beyond.

There is a great deal indicated in a walk, often more than there is in a palm of the hand or a bump of the head. Therefore, to the aspirant, I say, even be careful how you walk.

People sometimes interest themselves so much in doctors as to wish to know whether they attend any church or not. Of course such close interest will depend greatly upon the district a doctor practises in. If he were in London nobody would know or care whether he went church or no. In the country, on the other hand, the doctor is almost obliged to attend church now and then, or, at least, he must be well understood to be a member of the congregation who attends when he can. Being fetched out of church by design is an old and too-wellknown trick to be worth much at the present day; but there is not a doubt that it was at one time frequently practised by medical men who attended the smaller churches, and is still practised in some old-fashioned parts of the country. certainly gives a man an advertisement, unless it is done too often; then, like the repeated conjuring trick, it is very likely to be found out. I, myself, used to dislike being fetched either from church or from a meeting, when in general practice in the provinces or suburbs, because I always felt that many people would suppose that I had arranged this little trick, especially as I was looked upon as a very enterprising individual. Indeed, I once found it disagreeably necessary to prove that I had been drawn from the platform of a public meeting really in order to attend an urgent case, some jealous professional opponents having scattered the information, with malicious intent, that I had arranged the sensational scene. Trust doctors to find out other doctors! I was a comparatively new arrival in the neighbourhood at the time, and had my headway to make against opponents who seemed as though they would like to bring about my total annihilation if they could. I was libelled by the very doctor who had been guilty of arranging to be sent for from church

more than any other, according to evidence I at once proceeded to elicit. I more than ever dreaded being called out from any place of meeting after once being falsely accused.

I am a believer in going to church, not simply because it is likely to do a doctor good, whether spiritually or temporally, but because I think everyone, whether professional or lay, would be somewhat the better for it now and again. Doctors ought to attend religious services as well as any other decent Attending church is a mark of orderliness and respectability which every right-minded being should cultivate in some degree, as a part of a people's disciplinary system. wish the people to consider him right-minded and respectable, therefore, let him go to church, and if he has children let him go on their account if not on his own: there is a spirit of common rectitude, and a sense of simple order and discipline engendered, by occasionally attending a place of worship, which is good for youngsters, even if one leave out of account all the reasons which are poured out from pulpits why people in general should attend.

I would ask the reader not to forget the heading of this chapter while pondering over the discursive philosophies of its remaining paragraphs. I am not here to preach so much as to recount experiences, and I hope I do so with the best intention and in unbiassed spirit.

I would exhort young doctors to be very careful where they drink or play billiards. They may see no harm in going into a local hotel billiard-room for a game—and there may be actually no harm—but it is the conclusion that either the general public or certain busybodies will come to that they ought to consider. It is not the slightest use for a practitioner to argue the matter with me: the plain truth is that the public is apt to take special interest in the habits and personal conduct of doctors, lawyers, the clergy, and such like people, and therefore a very great deal of exaggeration, false

report, or malicious gossiping is liable to occur if a little step is made on even the least questionable path by any one of these individuals. Should a local medical practitioner attend a billiard-room for one game in the year, and perhaps one drink also, this remark may be made by some friend of his patient: "I saw Dr. Plaingoing in the Royal Hotel billiard-room last night: I did not know he played at all." The next gossip will pass it on: "I hear Dr. Plaingoing often plays billiards at the Royal." A third will have ready on his tongue the information that "Dr. Plaingoing will most likely be at the Royal," when an accident occurs and he is not found at home ready to attend to it. It is therefore better to keep away from these places.

A doctor must be careful how he conducts himself before the public in every way, and mind what company he keeps. Some may think it very sad that it should be necessary for them to consider conduct, and may perhaps think it extremely annoying; but a medical practitioner is more or less bound to knuckle under to the public; he is more or less compelled to consider people's whims and ways if he wishes to succeed. That is the point I desire to urge. Some may exercise a judicious compromise, and balance various lines of conduct according to requirements, according to their judgment; others may lapse audaciously and risk it. A man with means at his back may protest that he shall do as he likes and hang appearances; I know he may possibly get practice in his profession in spite of everything. Some of my readers might think that life would not be worth living if one were to be as scrupulous as this chapter suggests; perhaps it would not, for them in particular. I am merely endeavouring to indicate the value of appearances for any who like to consider the question, this book being written for various reasons, partly in order that practitioners shall be informed or reminded of those things that are likely to help them in practice, and those things that

make for failure, partly in order that they shall see the necessity for better organisation and union in the profession, and thus be induced to move in their own as well as the public's interest, and partly in order that the general public shall have a better understanding as to the relationship which should subsist between the members of the profession and the laity.

As regards drinking I would advise a practitioner never to take alcoholic drink in any house whatever in which he is paying a professional visit—not even when the visit is a long one, such as in the case of a confinement occurring in the night. He might take anything else non-alcoholic, but he would do well to wait until he reaches home, or until he gets on neutral ground, before imbibing anything else, even if he wants it badly. On a purely friendly visit he may of course take anything he pleases in reasonable amounts. I will give two reasons for the advice given. In the first place refusals pay, in every case, unless perchance some alcoholic drink should be required urgently and medicinally. If the house is an unusually hospitable and convival one, and the people might be offended, then they should be informed by the doctor that he never takes a drop of anything while on a professional visit, but that he would have no objection on any other occasion. He will be respected the more for this explanation, and will win further confidence. Secondly, it is a very easy matter for some of the best and strongest-minded men to be drawn into taking refreshment too often. The average doctor is a very harrassed and hardworked man and might well be excused for wanting stimulants pretty often. One of the best provincial doctors I ever knew he was even distinguished—ultimately gave way in his later years to intemperance, simply through beginning to take drink at various houses he attended in the country. I was also acquainted with another practitioner—whom now I consider a rather remarkable instance—who was drawn into drink in the same manner, but who realised the mistake before it was too late: not being able to get out of his perilous predicament in any other way he sold his practice and left the neighbourhood. At one time he could have been frequently seen the worse of drink as he drove about; but in a new practice he bought he altered his ways entirely and became a sober and sensible man again. He had been gradually drawn into a habit of taking drink at various houses he visited, a habit which only change of district and friends could alter.

Drink is a very great curse in the medical professional. Arduous duties, worrying cases, long hours of weary waiting, all tend to make a medical practitioner turn to stimulants; and therefore no man deserves pity more than he does. I can forgive a drinking doctor when I could no one else, knowing what hardships he has so often to endure. But the habit can be avoided, notwithstanding, and if this should seem impossible then I advise any who have tried ordinary means, and failed, to try extraordinary means—let them leave the work of their profession and turn to manual labour, rather than sink further into sloughs of soddened despair and hopeless degradation as some do.

I would also advise a practitioner never to smoke either pipe, cigar, or cigarette in the streets of the district he works in; nor should he smoke in public anywhere when he is on professional duty, unless he be walking or driving where no one would recognise him, as in a remote country district, or in the East End of a large town where the public scarcely recognises and rarely cares. Some will doubtless argue "How ridiculous, to think that a doctor should not be seen with a cigar in his mouth!" But, my reader, again I say you are the public's child if you are a medical practitioner: I insist upon it that you are; and you must do as you are told by the public or you will run the risk of falling behind. The public likes to observe a man so busy and absorbed in his work that he has no time to smoke, and the public values him for this mental

absorption and enforced abstinence from creature comforts. Cigarettes, pipes or cigars spell leisure, idleness or dalliance, according to many of our critics. The young doctor mouthing cigarettes at all times of the day on his rounds will be adjudged, by some, to be an easy-going and worldly individual, not to be thoroughly trusted as a medical adviser.

One may well ask, after reading this and other chapters, why should doctors be obliged to study appearances more than lawyers or architects? Why do they calmly submit to this ignominious grinding down before the public, which competition has brought, without taking steps to ameliorate their condition? Why do fourpenny and sixpenny dispensaries exist, and why is a class of work allowed which is paid for at a rate that is only equalled in trade by the worst cases of "sweating?" Why should union take place on the part of the patients as against doctors, while no similar defence union exists amongst doctors as against even the most unscrupulous class of patients? Lastly, above all, why should so many enter a profession which has so many disadvantages?

The answer to the last of these questions constitutes an answer to most of the others: it is an answer that the careful reader has already read between the lines of this and other previous chapters. The profession is not what it seems. The youth enlisting into the army is chiefly attracted by the prospect of wearing a uniform and winning the hearts of the nursemaids in the parks, and he is only kept from deserting, once he has taken the King's shilling, by being taught to appreciate the force of discipline and the penalties of disobedience. Youths who imagine they would like to be doctors only think of nice horses, carriages, and shining tall hats; they dream the sensation of having great powers over humanity and of being paid splendid fees for doing quite easily so much good. No doctor will disillusionise them; no doctor can afford to give himself away.

CHAPTER VIII

SOME INTERESTING BUT TROUBLESOME CASES

Many individuals of the laity imagine that the life of a doctor is a very easy one, that he need only apply all he has learnt as a student to the cases he is called to, and he will get well paid for very little trouble indeed. But the real truth is that his life is a hard and harassing one, full of wories and anxieties. cases are not by any means all easy ones to deal with; many require deep consideration and shrewd judgment if the issue is to be satisfactory and creditable. Let twenty average general practitioners be assembled together and be examined: more than half will appear worn and worried, often pale and thin also. This is because they work hard and get very little real diversion. Their working hours are generally from nine o'clock in the morning to nine in the evening. After this they may receive a call at any moment, perhaps to a case that takes three or four hours out of their sleeping time. I know I am not exaggerating, when I assert that a hale and hearty unworried medical practitioner, if he have an average practice, can very rarely be found.

To be an average doctor you must not only know all about diseases as they occur in the ordinary way, but you must be quite alive to everything extraordinary. You must be even an expert detective in some instances. When I explain to the reader that not uncommonly doctors have to sift false evidence, false statements made by patients regarding their condition, it

will be better understood that doctors' work is not quite as easy and pleasant as many imagine; it does not invariably constitute listening comfortably and calmly to the genuine and plainly expressed symptoms of patients.

So that some idea may be gained as to the difficulties which some cases present, I will refer to a class of patient which the reader would, at first, hardly believe ever existed, namely malingerers, those who are not really ill, but who pretend they are. When an individual either pretends he has a disease, or wilfully protracts a disease already contracted, or exaggerates a slight ailment into one worse, for the purpose of avoiding duty or gaining certain pleasanter or more profitable conditions, he or she malingers.

Malingerers are to be found amongst all classes of society, from the patient of position, whose pretences are cultivated with a view to obtaining an advantage of some sort, or in order to make themselves in some way and in the eyes of certain people, interesting, to those who have duties to perform that are unpleasant or irksome, such as officials, employees of all kinds, prisoners, workhouse inmates, and soldiers. Business people who want holidays, or an easier time of it, will sometimes malinger.

Ill-health is often an excuse for idleness and incompetency; it is also pleaded by the luxurious and pleasure-loving, who will go the round of health resorts, persuading themselves as well as others that their state of health requires it, when really gambling and other delights of life, away from home, are the attraction.

People of the highest classes will sometimes malinger in order to gain some kind of advantage, even if only sympathy from friends; or they may want an excuse for what might be taken to be an inclination for vicious and luxurious pursuits. Ne'er-do-weel sons will account for their failure in life, sometimes, by telling the story that they were very delicate when

young. University students will attempt to explain their failure at examinations, pleading ill-health, when in reality they had simply been "wasting." The instance is recollected at the moment, of a devoted mother who had constantly to make excuse for her oft-erring and "good-for-nothing" son, by explaining that his health was so uncertain, when actually he was in the rudest health, except when temporarily and frequently suffering from excesses of various kinds. The son not only malingered in this case, but in the end he actually succeeded in enlisting his poor mother as an accomplice, she being actuated merely by feelings of motherly and protective sympathy; she would vigorously scout any suggestion offered by friends that her son was idle or wicked. Another mother, I recollect, at length almost persuaded herself that her complaining son really was ill, he had so constantly and everlastingly given the excuse; and though this interesting young man enjoyed the very best of health, he was permitted by his rich parents to indulge in what others could not help but interpret as a life of luxurious licentiousness.

Schoolboys are sometimes past masters in the art of malingering, and they will play the headache game for a holiday, or plead weak ankles in order to get off drill or football. They can cause a good deal of trouble to both parents and masters if they are so minded.

Members of the fair sex will assume illness simply to excite sympathy. Daughters, from the highest class downwards, will not uncommonly be found attempting to excite the sympathy and benevolence of parents by means of complaints of illness. One, the writer has in his mind's eye at this instant of writing, had been brought up to a life of listlessness and laziness, and at twenty-five her mother had grown disappointed that she had not found a husband. The girl was frequently reminded of this fact, and her mother even got quite cross at times when she thought of it, and petulantly urged her to get something

to do, and not to waste her time. Now, if any steps were taken to find employment for her, she at once began to complain of illness.

But genuine malingering may merge very gradually into hysteria or hypochondriasis, and it is thus sometimes very difficult to decide the real nature of a case. A malingerer may ultimately, by chance, develop an actual abnormality or a real The case of an officer on active service may be mentioned by way of example, who malingered into so many hospitals that at length he contracted enteric fever in one of them. Those who sham deformities of any kind for a very long period, will almost certainly develop some degree of real deformity in the end. Malingering may so strongly and persistently feign a complaint that, especially in the female, it will ultimately come to be truly imagined by the individual. Hypochondriasis, or imagined disease, is not at all an uncommon affection. Therefore, not only have medical men to distinguish malingering from genuine disease, they have cases hypochondriasis to add to their difficulties.

The reader will well understand that there are none so imaginative as those who profit by it, and if an individual should be paid for being ill, so to speak, being well insured against sickness for instance, he would be likely to confuse the doctor with uncommon symptoms, everything being quite satisfactory and comfortable for him all the time; and he can at any moment persuade himself that he is worse if he likes his life of being nursed and petted.

The official who wants a holiday may malinger, so may even the minister of religion. It is a favourite trick with defendants undergoing trial, and sometimes with witnesses and jurymen: in order to get out of the ordeal of a cross-examination, or merely the trouble of attendance at court, a doctor's certificate will be obtained if possible, malingering being played for all it is worth.

Some of the worst cases of designed and deliberate malingering in civil life are practised in order to obtain some definite and substantial compensation. Such cases present the very greatest difficulty very often to the medical man. People of position and influence, with capital at their back, and wanting more, will litigate for compensation, and they will collect together the most convincing evidence, which will require all the forces of skilled medical jurists to successfully sift. Malingerers of this class will sometimes be entirely successful. The complaint, as taken before a judge or magistrate, may have been originally suggested by an actual injury of only a very minor degree; then possibilities will be conceived, and the whole subject will be carefully studied with a view to suing for damages. Certain representations may be made to friends, and the advice of sympathetic professional men sought: naturally the latter will desire to do the best for their client and will perhaps make further suggestions derived from the dishonest account given .- I said perhaps!

Nearly every individual who takes his case of injury to a court of law for compensation is a malingerer in some degree; he is almost certain to exaggerate his condition in order to push his claim to the utmost; it is even suggested to him-or it may suggest itself—that he had better do so. malingerers, I am of opinion that this suing-for-compensation class is the most important, for various reasons. The complainant has something very desirable to malinger for, namely damages or compensation; hence he will likely be diligent in both truth and falsehood, or at least exaggeration: he is generally very shrewd, and often educated. He probably has the means to help him to perfect his allegations; he may make a clever collection of symptoms by consulting books and by taking the advice of experts. In short, such a malingerer may play the game to perfection—and therefore to complete success. The writer can recollect many cases of individuals calling upon him, complaining of injury, and expressing their intention of working for damages; now, almost without exception, the symptoms have either been exaggerated, or they have been assumed entirely, it may be to quite a ridiculous degree in some instances.

Railway accidents are likely to be followed by applications from passengers for substantial compensation. In such cases, the nature of the cause of the personal injury is so very definite and indisputable, but, further, the party sued is always so very well able to pay. A wealthy defending company is so tempting to have a tilt at—there need be no scruples on the part of a judge or jury about being hard upon any single individual defendant, or any doubts about the payment after a judgment has been pronounced. What is known among professional men as "railway spine" has probably caused more trouble and expense in litigation than all other injuries presented for compensation put together. Any injury likely to involve the brain or nervous system is one that lends itself so well to exaggeration or fabrication. Symptoms referable to this part of the anatomy can be learnt and practised which even the expert can hardly distinguish from the genuine. If an individual choose to allege that he has not been so mentally capable since an accident, or so active in his limbs, who shall prove otherwise? A man may happen an accident at a time when he is just failing in business, and he may declare his failing to be due to his own capabilities declining on account of the accident which he had Such cases often present the very greatest sustained. difficulties to both legal and medical experts.

Insurance against accident is very strongly prevocative of malingering. The writer has attended many injuries in those who were insured, and the inclination of most of these patients to fabricate and exaggerate was the rule with very few exceptions. It is not altogether easy or pleasant for a medical man to have to dispute the severity urged by his patient who consults him. If

the patient be advised that the condition is nothing worth troubling about, he will probably go straightway to another doctor, to see if the latter will agree more fully with him. Not infrequently patients will deliberately ask their doctor to give either a lying or exaggerated report, so that handsome compensation may be obtained; thus they will attempt to lure the doctor into dangerous and even criminal ground. The writer has known many instances of patients keeping slight injuries of the hand or leg swathed in bandages weeks longer than need have been, for the purpose of getting the insurance money as long as possible.

There are certain conditions in all classes of patients which are exceedingly difficult for a medical man to distinguish, those which are on the border between wilful design, on the one hand, and mania or hysteria, on the other. Nay, more, given symptoms which are malingered at first and which become genuine or acquired afterwards, who shall mark the point at which the one order becomes the other? Thus it will be already seen that malingering is one of the most difficult conditions possible for a doctor to detect and treat.

In some walks of life the temptations to malinger are so few that the vice is hardly ever to be found there. In ordinary houses of business, for example, in the great army of clerks and shop assistants, it is of very little use as a means of gaining any advantage. It is true that occasionally illness may be pleaded to account for absence from duty, while a holiday only was sought, but the employee would play this game twice at his own risk. An employer would be likely to meet this case by informing the employee that he did not believe him; or he might ask the assistant to seek another situation where sick people were "put up with." Then again, there is the question of wages. In this class, wages are generally suspended in case of illness, and, therefore, not only has the emyloyee no incentive to malinger, he will often do his utmost to get

well from a real affliction, in order to return and earn his money again.

It is amongst classes of individuals who are engaged for a period, and have to perform certain duties during that period unless certified medically unfit by the doctor, that malingering will be found when seeking below the upper classes down to the lowest; it will be found amongst prisoners, soldiers, and workhouse inmates rather than amongst clerks, shop assistants, But there is a section of the latter class that or labourers. provide many interesting examples of malingering, namely those who are members of benevolent societies, sick clubs, and such like provisions against the expense that sickness entails. By the payment of a small sum weekly or monthly each member of these institutions is entitled to the attendance of a doctor, and to a weekly allowance of money. Now, it will be seen at once that any man out of employment would be likely to wish to "go on the club," in order to get this money allowance. Some men will try and get "on the club" simply because they want a rest from hard work. Benefit and sick societies generally have a rule to the effect that any member receiving sick pay shall not absent himself from his home. This rule is of course designed to prevent men from taking a pleasant holiday on their sick pay; and certain detective members are told off to pay unexpected visits to members receiving sick pay, in order if possible, to catch them away from home and get them crossed off the sick list at once. Taking advantage of this rule, however, some men who happen to have certain home work that requires doing, such as painting, repairing, or gardening will "go on the club" in order to get leisure to attend to these, while getting sick pay also.

The club member will visit the club doctor complaining of something, telling him that he cannot go on with his work, suggesting that the rest of a week or two would restore him, and so on, urging him to put him "on the club" by writing a

certain certificate. Now there happen to be circumstances surrounding the relationship of medical officers to such working men's clubs that considerably favour the designs of malingerers. The medical officers are generally appointed and re-appointed by vote of members, therefore they have generally to be, in a sense, popular with members, or else they may be voted out at the next election. But this popularity is earned at the expense of the medical man's time and the club's money, for the members, knowing that their doctor will strive to keep in their favour if possible, will trouble him oftener than they need do, and will the more successfully get the better of him by means of malingering. An influential member of a sick-club—one who can influence a good many others when a re-election takes place—will sometimes hold the club medical officer at his mercy, as it were, and will attempt to force certificates out of him by malingering. Occasionally a reaction sets in, however, and the club managing committee complains that too much money is being paid out on account of sickness, and the committee appeals to the doctor to exercise a keener judgment in picking out cases that are sufficiently serious to be put "on the club."

The working classes are very keen after compensation in the event of their receiving any injuries, and they exhibit a fair amount of malingering in consequence. They can practice this vice very successfully at times, the more so because they are generally able to get unscrupulous witnesses without much difficulty, who will readily volunteer to give any sort of evidence.

The champion malingerers of all who occasionally come before doctors of institutions are to be found in the ranks of the beggar and vagrant class. For the average beggar there seems nothing left for him to do but to lie and deceive as far as his wits will permit him. The beggar who does not malinger or lie when he gets the chance does not exist—at least not for

long. He may begin by singing hymns and acting altogether fairly honourably, telling his story truthfully, or suggesting his poverty on the natural face of him, but soon he will find out that a day's receipts may be doubled by a few good lies told well. He will discover that a mournful, drawn-out, pain-suggesting utterance pays better. Some try one dodge and some another. Quite a large number rely upon malingering pure and simple: going into epileptic fits in the street is an old and commonly adopted means. Certain beggars have practised this method for years, and are well-known to the police. Money and stimulants—both very acceptable to them at any time—are thus drawn from a sympathetic crowd. If a complaint can frighten as well as excite sympathy, it is sure to command a charitable response; fits are a very good kind of illness to adopt, being only temporary, somewhat akin to a street acrobatic performance, after which the artiste can move right away into another district, there to repeat his performance.

I recollect the case of a beggar charged at the Lambeth police court. He described himself as a labourer and sixty years of age. A detective gave evidence to the effect that his attention had been directed to the prisoner, who had been observed rolling his eyes about in an alarming manner and was apparently about to collapse. He had also exclaimed in mournful tones: "I am starving—I am starving." Several by-standers were so much impressed by the prisoner's apparent distress, that they gave him coppers. A constable in uniform came along, so the prisoner at once proceeded to make himself scarce. A detective, however, arrested him. Upon finding himself in custody the man offered a violent resistance, and it required the united efforts of three officers to get him to the station. A mendicity officer said the prisoner had been known as a beggar for twenty-three years. He had been charged on numerous occasions and had been dealt with at the sessions. When shamming fits he had been taken in turn to

all the hospitals and infirmaries in London; but when he was threatened with an electric battery, he always wanted to clear out. He told the magistrate that he had worked hard all his life, but the mendicity officer advised his lordship that the work had been done in prison. "You can go back to prison for another three months work then," the magistrate ordered.

It may be interesting to note that amongst beggars, old soldiers make the most successful and persistent malingerers. They have either had a training in the art when in the service, or have learnt it from observation or hearsay, and it has become second-nature to them in the later days of civil adversity. What encourages them considerably is the fact that the general public has a sympathy for an old soldier or sailor sooner than for the ordinary beggar. There is such a very definite evidence of having seen better days in medal ribbons on a man's breast. But what induces sailors or soldiers, who are "down on their uppers," to persistently beg, is the money given to them by others who have been, or are still, in one service or the other. While the man in the street may give a beggar a half-penny or a penny, an officer or old non-commissioned officer will give an old soldier three pence or six pence, or sometimes as much as half a crown: consequently old soldier beggars sometimes hunt after no one else but men connected with the service. Another reason why the general public is particularly charitable towards the soldier or sailor beggar is the rooted idea held by so many, and generally quite a mistaken one, that these men are very often so badly treated by the War Office and Admiralty. Accounts of a very few rather sensational instances of apparent neglect, which have appeared over a number of years in the cheaper press, have made certain members of the public believe that time-expired men generally are scandalously treated. Again, there is nobody who can "yarn" or tell his own story so well as these old service men.

The ordinary pauper sometimes envies the lot of his more distinguished professional brethren of the old soldier or sailor class so much as to be persuaded to play the part of one or the other. A man aged sixty-four, who described himself to a magistrate as a labourer, but who passed himself off before the public as a disabled member of the Royal Navy, was charged at the police court with going from house to house soliciting He had in his hand what proved to be a bogus medical certificate, which, he declared had been given him at the West London Hospital. But on closer inspection, the paper in his possession, which bore the words: "I recommend the bearer as a proper object of charity," was merely a letter of recommendation given the man by a gentleman to present to the officials of the hospital. At the time of his arrest the prisoner had a bandage round one hand, and when the officer began to unwind it, he gave vent to a cry of pain, but the limb was examined and found absolutely sound and uninjured. was sentenced to one month's hard labour.

A wise suburban vicar once caused to be printed in his parish magazine certain maxims useful for householders to commit to memory. He gave the account of various swindlers who had been operating in the neighbourhood—one man who had pretended to have been just discharged from the hospital, another who had posed as a discharged soldier, and another who had asked for money to enable him to join his regiment. This wise vicar's advice included the following:—

"Nothing, it is clear, should be given to strangers, except a little plain food if they ask for it."

"A stranger is almost invariably a rogue, who calls at the end of the week and asks for help just to tide him over Sunday, having work promised him for the Monday."

"No one should believe that any member of the clergy has sent an individual for assistance, unless that individual can produce a letter to the effect."

It goes without saying that there are two or three circumstances or conditions which make ordinary prisoners very disposed to try malingering; firstly, the nature of the duty allotted them as a punishment, unpaid for, and probably unpleasant and irksome on account of its rough simplicity; secondly, the nature of the individual would make him malinger, for he is usually prone to irregularity and wrongdoing generally; he would at once be likely, therefore, to attempt to further practice his malfeasances in the very correcting house itself, by cheating the officials if possible. The writer was once called by the officials to see a man in prison, who was said to be complaining of loss of use of one arm on account of an old accident. He had just received his sentence of hard labour, and had had his task allotted to him, when he lodged his complaint and refused to do his duty. The chief gaoler observing him idle, had no other alternative but to send for a doctor in order that he might examine him. The prisoner was visited and examined, and ordered at once to proceed to his hard labour. Now let the reader, who may perhaps have never had occasion to think over the subject of malingering at all, dwell just a moment upon this simple case. Here was a man who had been ordered certain duty as a punishment, and he said he could not perform that duty because he had lost the use of his right arm since an accident. Was he to be believed so that he should have a comfortable and lazy time of it? Then, how should his lying be found out? for you cannot make a man work who has actually no use in his arm. former days they used to imagine they could screw the truth out of a prisoner by applying the rack, little supposing it possible to extort even lies equally well by such a method, innocent victims being compelled to declare themselves guilty. In those days also witches were flung into water to see if they sank or swam, in order to prove whether they were guilty or not guilty! It is true you could order a prisoner who

had elected to malinger for all he was worth, half a dozen lashes to wake him up. But supposing he really had paralysis, what then? No, you must take his word for it, at first, if there is any possibility of truth in it, and prove by rational and scientific methods that the man is a liar and malingerer. prisoner may be more or less threatened by those in authority in order to get the truth out of him, legitimately: he may be disbelieved by the gaoler, who takes his complaint, and threatened with further punishment if he does not stop his nonsense and get to work at once; but a gaoler is not justified in doing more than this: he must not do more than carefully watch the prisoner to see if he commits himself by moving the arm more than he professed himself capable of, for any reason whatever, or by mere accident. The knowledge of a medical man is finally brought to bear on him: by scientific observation and the application of certain tests, the actual condition will then be discovered. A medical practitioner knows the class of man likely to practice malingering, and he would never attend any prisoner without always bearing in mind the possibility of this vice being practised.

Though a patient might be actually suffering from some kind of disease, the medical attendant will bear in mind that this degree may be exaggerated or complicated wilfully, for the purpose of deceiving. Experience teaches that it is the safest and easiest to suppose every prisoner to be fabricating or exaggerating until he is actually proved to have a genuine complaint.

Sometimes a prisoner will refuse to take food, pleading illness. He is unable to show his ill-health in any other way, so simply eats nothing and complains of feeling sick. Hunger sometimes cures him, but not always. Forced feeding in the end, however, according to the doctor's orders, will keep him from making himself really ill and by its unpleasantness will often cure his obstinacy. Others will complain of vomiting

after every meal. In such a case they may force themselves to vomit, or they will merely refuse to eat saying that they know they are sure to vomit if they do. Therefore they must be carefully watched. One woman can be remembered who could actually make herself vomit while being watched, and was very difficult to deal with in consequence. She could generate sufficient sensations of nausea at will. It was only after continued observation that the true nature of her case could be fathomed. There are several ways in which a woman can malinger that cannot be adopted by men, as will be well imagined, but these will hardly help us in our prime consideration, and need not be referred to here.

A prisoner may complain of being ill on account of having swallowed something, say a spoon, for instance. Now, if he has really taken this into his inside, he should be detained for examination by a doctor. Thus far, if he has not done so, he gets a respite from hard duties even in the time occupied in enquiring into his complaint. Such cases presented greater difficulties formerly than they do now, in these days of Röntgen ray instruments, by means of which all metals can be readily distinguished lodged in the human body, while other diagnoses can be easily made.

A man was once awaiting trial for having committed a criminal assault. Whether he had been recommended the best procedure to adopt, or whether he had conceived the idea himself, could not be made out: he had the notion, however, that if he could establish the fact that he was an epileptic he might possibly be let off entirely, as one not having been responsible for his actions at the time he committed the offence. He therefore went into fits three or four times a day, and was duly attended by the doctor. Various tests showed his fits to be mere sham. But the strange point of the case is this: he was so annoyed at being found out that he worked himself into a genuine sort of fit, as the doctor admitted. He got

off with a very light sentence, but the fact remained that he was never known to have had a fit before he was arrested, by anyone, and he had no more after receiving his sentence.

Cases of prisoners malingering deafness and dumbness are common enough, as the records of cases heard before magistrates show. Careful observation is generally sufficient to reveal the true condition in these cases, the magistrates themselves sometimes being the detectives.

Our workhouses contribute a very fair number and variety of malingerers. The average workhouse inmate has generally had a long period of schooling, in either specific iniquities or in shifts or subterfuges designed to deceive, before he has reached his latest domicile of free board and lodging as a guest of the rate-payer. Having often had considerable training as a beggar or prisoner, he is not likely to enter his new life entirely resolved to cause no trouble to anyone. Not he: his capacity for getting the better of others—the penalties for which have already done the worst for him by gradually reducing him—he will still exercise. He will attempt to deceive the workhouse master, the chaplain, and the doctor. But all these officials know their flock well. They watch all new arrivals carefully and expect to be told lies.

Let us turn to an example. A certain young pauper—for paupers are not always aged, and the cleverest pauper malingerers are often quite young—was once sentenced at Brentford to a month's hard labour for being refractory. He was described as "the prince of malingerers." He began by giving his age as nearly twenty years older than was really the case. His mother told the magistrate that he had never done a stroke of honest hard work all his life.

[The reader is asked to pay particular attention to this man's case, because he had been two years in the Army, where the most inveterate and the cleverest malingerers are to be found, soldiers providing the most difficult of all cases for the army doctor.]

It is not known whether the man had seen active service abroad or not, but he had doubtless practised malingering to some extent even on home service in time of peace in order to evade duties, or he would hardly have shown himself so proficient afterwards. If a man can malinger successfully in the army, while on home peace duty, and can act in such a manner as to be discharged from the army as incorrigible and worthless after two years, as this man actually was, then he is likely to be very successful ever afterwards, in civil life, as a malingerer.

This young pauper joined the army when he was sixteen years of age. His mother stated that she had always had trouble with him as a boy. She said he had practically been in every workhouse in London, although he had generally been sufficiently artful to get into the infirmary department. "He generally objects to going into the workhouse," said his mother, "because he knows he would have to work. No, his game is, to get picked up in the street and carried to the hospital, where he stays as long as he can make them believe he is ailing. I've been knocked up at all hours of the night by the police with messages that he was lying somewhere dying and wanted to see me; but I soon got to know that it was all a sham. I got so sick and tired of it that for a long time I have refused to go anywhere to see him, and when I have received letters from the infirmary I have taken no notice of them."

Will the reader observe here that skilfully practised malingering will often deceive doctors who are not accustomed to it; in fact, a finished military malingerer would deceive anyone who had not had experience with him as an army doctor, or who had not, in his early experience, specially studied malingering in some civil institution such as a workhouse. In the case we are now studying the man had deceived the hospital experts heaps of times, as the letters to his mother

showed; she had learnt malingering from her son, and could diagnose his case sooner than the hospital doctors in most instances, simply because she had seen the same game played so much oftener than they.

It transpired that this diligent son had not confined his attention first to workhouses, passing on to infirmaries; by shamming insanity, he had spent twelve months in Salisbury Asylum and had been three times an inmate of Hanwell.

The Brentford Workhouse labour master gave his evidence concerning the prisoner, and remembered his being brought to the infirmary two years previously on an ambulance, suffering dreadful agony from what he averred was a broken ankle. The doctor found that the ankle was not broken, and ordered his removal to the workhouse. At the mention of the word, the patient's pain seemed to vanish, for seizing his boot he slipped it on and hurried away, remarking: "I'm not going to stay here."

Ultimately he came into the hands of a doctor who knew something about malingering, complaining of a broken leg. Notwithstanding his being capable of producing an apparent deformity on the left hip by means of a peculiar setting of the muscles, keeping the leg in a fixed position for days if necessary, he was suspected and found out. He refused to have chloroform, knowing no doubt from a previous experience, somewhere, that under its influence the muscles would assume their normal condition, and he ran away when the battery was suggested.

Workhouse inmates will sometimes sham illness or afflictions simply to get lighter duty, or favours of some kind, and they undoubtedly succeed in a good many instances, in spite of the watchfulness and detective prowess of officials. It is surprising sometimes what trouble one of this class will take to gain a slight advantage. The writer has known workhouse inmates, both young and old, to complain of dreadful toothache and

ask to be allowed to see the doctor in order to have the offending tooth drawn, when no pain or trouble had really existed. A workhouse matron once explained that she had great difficulty in sifting the genuine cases from the fraudulent. She explained that it was no uncommon thing for an inmate to make complaints simply in order to derive the pleasure of a change from the usual daily routine, by parading at a certain hour with others in another part of the building, visiting the doctor's waiting-room, sitting there and seeing fresh sights and other people, further being ushered into his consulting-room and going through the ordeal of having perhaps a good tooth drawn. For the doctor, not knowing how else to punish his patient, and not encouraging deception, will sometimes draw a tooth for example sake. If he merely told the patient to go he would soon have dozens more playing the same trick. The little change it gives them, and all the circumstances of their visiting the doctor, these inmates consider is worth the momentary pain given.

I well recollect in my own early-days' experience that even certain workhouse children seemed to enjoy visiting the doctor to have a tooth drawn. One of them would tell others where she had been, that she had had a morning away from school, and that it only hurt a little. A matron gave me the information that one tooth drawing was generally followed by several complaints and applications from others, and she found great difficulty in singling out the cases that were genuine.

Cases of workhouse inmates complaining of sickness, who had really nothing the matter with them, are numerous. Consequently it is a very unwise procedure to compound medicines that taste at all nice; the most obvious or most suspicious malingerers are more wisely treated with something especially nasty, by way of a diagnostic expedient, or punishment, as the case may be.

The way in which workhouse inmates acquire their deceptive

practices is quite a mystery in some instances. They often become very expert and clever, and the source of their particular information can hardly ever be traced. Doubtless word is passed by old inmates to new arrivals, from older school children to younger, in the workhouse schools. It is not at all an uncommon practice of children in these schools to make themselves inflammations of the eyes in order to be sent into the hospital. There is a form of ophthalmia which breaks out amongst pauper schools and causes a great deal of trouble. is contagious and often difficult to cure, requiring isolation and special provisions. Children acquire a method of producing an inflammation of the eye which the doctor may at first sight mistake for the serious form. They will put little bits of soap in the eyelids, and by working these about they produce inflammation and also discharge. Thus they may be sent to the hospital to have nice food and pleasant attendance from kind nurses and sympathetic visitors, toys to play with, and so on.

There is a skin disease called scabies, which is sometimes imitated by both adults and children in workhouses. One of the favourite positions for it to break out is between the fingers. The inmates learn this fact from observation or hearsay and produce a similar appearance to the genuine form by rubbing in sand or grit of some sort.

I have attempted to give the reader in this chapter some idea of the variety of cases, in kind and class, which the general practitioner of medicine has to deal with. The average reader of the laity might imagine that doctors never have much worry or difficulty with cases; that they either merely sit comfortably in their consulting-room, listening to patients pouring forth their symptoms and prescribing for them accordingly, or that they take pleasant drives to a few patients' houses each day and have little afternoon chats about sickness and health.

Certain eminent consulting physicians may do this sort of thing to some extent, but even they get troublesome and anxious cases sometimes. Not infrequently the consultant is bothered by cases which lead into the law courts, where he will be annoyed by counsel or by doctors differing from him.

The general practitioner worries tremendously about his serious cases as a rule. Every doctor likes to be successful in the treatment of his cases. Deaths worry doctors, and all cases that are not progressing favourably give a lot of real anxiety to the average practitioner. When I commenced practice I used to imagine that the death of a patient argued my incompetency in the eyes of the deceased's friends. Indeed people are often given to attributing a patient's death to some mistake on the part of the doctor when no one in the world might have exercised greater skill. As a young practitioner who had not been long in a certain neighbourhood, I once chanced to have five cases in different parts of the neighbourhood all so bad that any or all of them might have died in the same night. I lay awake all that night wondering how many of the five would die, expecting to be called to one or other every minute, thinking that if the majority died I should have my reputation seriously shaken.

Many a time have I been all night at, or not far away from, the bed-side of a patient who happened to require watching, and have dragged my weary self home for breakfast, to receive patients at the house at nine o'clock—patients who thought I had had a beautiful night's rest. And you cannot be hasty and bad-tempered before patients under these circumstances, you must always be pleasant and willing though you may be nearly dead yourself. If you are not, your patients will seek another doctor who will make greater efforts to please.

The amount of trouble doctors will take to save their patients, and the risks they will run, I have endeavoured to indicate in a former chapter. The reader would hardly believe

the self-sacrifices some practitioners will make. But as regards actual difficulties and working against great odds I may give an example of a class of case which I have often attended some distance away from home at dead of night.

Mrs. X, living four miles from my house, which at that time of my career, was in a small town in the provinces, called to see me about her state of health. I promised to visit and attend to her at any time she required me. I was called one night about 12.30 just after I had gone to bed, and asked to drive over without delay. I found her very bad indeed and requiring immediate attention on my part. I realised on examination, to my surprise and disappointment, that the case was one requiring an immediate severe operation under chloroform. There was no time to obtain any skilled assistance. The woman would have died if I had delayed more than halfan-hour. It was necessary that I should give chloroform myself —a procedure that usually requires the whole attention of a second medical man-and perform the operation as well. The husband of the woman was away from home for some days. There was no one present excepting a timid neighbour who had been called in. I proceeded to give chloroform, after preparing the patient and my instruments, when a heavy thud on the floor the other side of the bed indicated that the timid neighbour had fainted. Leaving my patient, I skipped round the bed, and after loosening the second patient's collar I dragged her out of the room on to the landing and called for a servant from the next house.

Now I was left absolutely alone. Again entering the room I found my first patient, partly under the influence of chloroform, in the act of struggling out of bed. Wrestling with her powerful semi-consciousness I resumed the administration of chloroform. I was obliged to perform the operation, or let her die before me. I got her deep under the influence, then rushing to my instruments, I rapidly got to work on the operation.

I had to proceed at lightning pace, under tremendous difficulties, with no assistance at all when I ought really to have had two people, another doctor and a nurse, in order to get the operation completed before the patient began to move on recovering her senses. I was obliged to be swift and skilful and strong—physical and mentally. My patient fortunately survived. For this and ten days' attendance, 30/-!

Such are the feats that general practitioners commonly perform, and hardly ever get paid well enough for them. Doctors are saving the lives every day of a people who allow that their bills shall be the last of all to be paid, who complain that doctor's fees are high when-if they only dare honestly confess it-more than half the doctors in the land have difficulty to make both ends meet. Only the other day I saw in a daily paper the case of a doctor suing a patient for fees—a rare thing for a doctor to do. The patient complained that 3/6 was too large a fee to pay a doctor each time, for visiting and medicine. The magistrate elicited the fact from the doctor that he could hardly make a decent professional man's living even charging such a fee, and he was the only doctor practising for some distance round. What lawyer would drive to the house of a client, in order to elicit in a half-hour's visit a good deal of information, and finally to write a letter—all for 3/6? There are many doctors in the East End of London who will visit a house and provide medicine for 1/-, others who will give advice and medicine at dispensaries for 6d. !-nay, some even for 4d.! But this sort of practice is well-paid compared with contract work, which necessitates a degree of professional "sweating" that is infinitely more degrading, in proportion, than any other form of contract "sweating" amongst the lower classes. Tens of thousands of families in Great Britain are attended by properly qualified and educated medical men for 3d. a week For this sum (minus the commission for collection) these medical men engage to attend the whole family and provide

the necessary medicines, dressings, &c. A well-known authority writes, regarding this state of affairs:—

"Personally I hold that it is bad for the patient, and demoralising for the doctor, but whatever one's views may be on the principle, it will not be necessary to point out to medical readers that proper attendance cannot fairly be given for the sum of 3d. a week to a household which may be averaged at four persons. One of two things is, it seems to me, bound to happen. Either the doctor will make his attendance and drugs fit in with the price, in which case the patient is inadequately attended, or if he conscientiously does his work he is "sweated" by his patients. Either alternative is unpleasant to men who take any pride in their work or who have any self-respect."

CHAPTER IX

THE MAKING OF A MEDICAL PRACTITIONER

WHETHER he be one of the great general public or a doctor himself, the reader may for the first time, after being introduced to several different kinds of medical men in former chapters, all aiming at the goal of professional success, perceive how much the designation medical practitioner, indicating to the laity some sort of uniformity, may fail to convey an adequate idea, or to suggest any possible extreme variations, of the real human character. "Doctors so often differ," is a remark commonly made when the differences of opinion of doctors are discussed; but are doctors not likely to differ in opinion when constituted of very variable material?

How is it that amongst the very large number of youths who commence to study for medicine so few reach the goal of requisite qualification or degree? What is it that makes "wasters" and "failures" of so many medical students? Many would answer that there will be chaff as well as wheat in every society or community, and that there could be no help for it. But I must give you my own opinion, however, that the life led by medical students could be made much more conducive to uniformly good results than are obtained at present. Parents chiefly think of the expense of this or that place of study when deciding where their son shall go, but what is the use of such a reckoning when the conditions of life are such as militate against the desirable progress of the student?

I consider that the question of social and domestic life is a far more important one for parents to consider than the suitability of certain schools for gaining knowledge with a view to passing examinations. Some Englishmen may advocate the London schools of medicine as against the Scottish, for turning out good men, while an Edinburgh set will pride themselves in the knowledge that a great many of the best living and dead medical men are, and were, Edinburghtrained men. The fact is that every recognised school is capable of producing good men, and all of them can fit candidates for any examinations there are, if the candidates themselves are capable enough. But the social and domestic life a man is likely to lead in one place or the other is a matter of the highest importance. How can satisfactory examination results be obtained, anywhere, if a student be led to "wasting," or perhaps drinking and gambling?

No; parents should not first look forward to seeing learned letters after their son's name, as well as frock coats and fine carriages in their equipment, without thinking what gauntlets the son will have to pass through before he reach these. Parents should consider the social and domestic amenities their sons are likely to be cast amongst, as students, if they are in earnest about them. The work is very hard before a man can obtain a qualification in medicine. And very often the freedom of the individual is absolute, such as when he arrives either in London or Edinburgh with a bag of money for the term's or session's expenses, and proceeds to look for apartments, almost as free as an enterprising pioneer going "up country" would be in Africa. As often as not he is in the position of neither knowing nor caring for anybody. He cannot have a guardian to accompany him; he must get on as well as he can under the circumstances.

There are some who are fortunate enough to have their parents living near to a good school of medicine. In such a

case their social and domestic life will be everything that could be desired, as long as they can have proper opportunities for home study. Others are able to live with distant relatives near some medical school. A very large number of medical students, however, leave their homes many miles away to live in lodgings near the medical school of their parents' choice, not only absolutely free to do anything they may wish, but entering a domestic life that positively conduces to irregular habits. I state frankly that I should not care what medical school my son went to, or what degrees or diplomas he might try to obtain, as long as I knew that he was domestically comfortable and happy, and as long as nothing hindered him from feeling naturally disposed to take more interest in the work of his profession than in wasting and wantonness. number of youths who commence to study medicine and who rapidly go to the bad is appalling, and this is chiefly due to the fact that they are suddenly cast into vortices of mixed pleasure, having no restraints and no inducements to walk on straight paths beyond what their own sense—or want of it instructs them. And everyone knows what free-absolutely free-young men's tendencies are in very many instances. They are scarcely human if they can keep quite straight under the average temptations of a medical student's life. One would not grow serious over slight lapses, which are soon recovered from, and which, after all, give experience; but little things tend to greater, and greater things to hopelessness, in so many instances; that is the worst of it. When I think of some capital fellows, with many good qualities, who were once college fellows of mine, and concerning whom I am now afraid to know the truth—when I realise that they would some of them now be pleased to clean my boots for a drink and a cigar—then I feel that I am not wasting this paper I write upon.

There are some men, I know, who would go wrong any.

where and under any ordinary circumstances whatever, but the fact remains that a very large number of medical students irrecoverably come to grief through lack of social and domestic advantages. Such failures get carried off their legs in any receding tide of debauchery they may happen to drift into, without an interested hand near to help them out of it. They put on clean clothes and virtuous countenances to go home in, it is true, and are received with open arms, provided the seams of sensuality and excess have not been engraved too deeply on their countenances; and a mother's care and the sweetening influences of home restore their limp and unwholesome dispositions for a time; but back they go again in a few weeks to unmitigated pleasures and delirious rounds of licentiousness.

A few may have strength to strike out for shore, having realised the dangers they have been exposed to while floating with just head above water; and they may have sense to keep out of dangerous pools in the future, once having learnt them; but a large number have their character and perhaps health tainted for life by too long or repeated irregularities—let alone their failure to pass examinations.

I would not go so far as to assert that young men living at home with their parents, and attending lectures and a hospital in the district invariably do better than medical students who are inclined to be somewhat reckless while living away from home influences. Some of the former are often inclined to be very lazy, simply because all their movements can be accounted for by their parents; thus their work is often a mere pretence. I have known such students to occupy many years longer than they should have done before passing their examinations, while they have appeared before their parents to be labouring strenuously all the time. If one contrast these examples with a third class of men who go right away from home and periodically work their elbows sore in order to be able to telegraph home a success in examination, one would

perhaps be inclined to argue that living away from home influences is after all the best plan to follow. This latter class believe that their parents will suspect irregular living and waste of time if they cannot produce evidence of work from time to time. The student who has the best chances, in my opinion, is the one who studies away from home but who is placed under such social and domestic equivalents as will make life happy. Living in lodgings, having no social advantages whatsoever, the medical student is bound to spend a lot of his time in drinking-bars, billiard rooms and in evil-influencing company. I am quite prepared to admit that, all things considered, much will depend on the student himself; the right man will do well under any conditions; but, nevertheless, I am of opinion that our profession would derive considerable advantage from any provisions made to make the life of students, as well as their specific education, a more happily appointed one: there would be a larger number of successes, and the later prestige of members as a whole, in practice, would be raised.

Not to be too serious in vein, however, I admit that life in lodgings, as a medical student, has its humorous side and its charms, notwithstanding that elevating influences and comforts are largely wanting. One could write a book on all sorts and conditions of landladies or keepers of "digs" for instance. In Edinburgh there are many hundreds, and whole streets are tenanted by them. The newly arrived student there either scans the advertisement columns of local papers to find apartments, or walks along the footpaths and "spots" boards stuck out of the windows with "apartments" printed on them. requires some little practice before a youth can judge what kind of a woman he will have to deal with when engaging apartments. Many there are who are barefaced robbers, who entirely feed themselves-and often a husband too-on the student's fare, though doubtless lodging-landladies are much the same in this respect anywhere.

Sometimes apartment keepers have queer students applying for lodgings, and have need themselves to be shrewdly discriminating. I remember, in my own student days, three black Africans arriving in Edinburgh to study medicine. They were directed to a certain street where they were told they might find apartments. They interviewed several landladies who did not like the look of them and were not inclined to take them in. At last they found one willing at a higher rate of pay. They introduced their baggage and tried to settle themselves down in their quarters. As night drew on they were asked by the landlady what she might purchase for their breakfasts next day. With some confusion of tongues the meal was arranged for, and they were further asked what time in the morning they would like to be called. They scarcely knew at first, and wanted a little explanation as to what the landlady meant, but at length said 9 o'clock. When this time of the morning came, the old lady went to knock at the door of one of their sleeping rooms, but was rather surprised to find the door wide open. Hesitating at first to proceed further, she ultimately ventured to look in, when to her consternation she beheld her three lodgers sprawling full length upon rugs and bed-clothing spread on the floor in various attitudes, displaying their ebon limbs in a shocking fashion. They were quite sober and quite alive, she found, but had chosen to sleep on the floor as they had been accustomed to do in their own country. Some days elapsed before they would make right use of a British bed.

Whether a student will be successful in his examinations will depend upon so many things. Of course he must have some brains, or he will not be able to pass the preliminary examination in general education. But he ought to have a healthy inclination to study for the profession; and many commence who have not. It sometimes happens that parents wish their son to go in for medicine for certain reasons, while

the latter has his fancy centered upon some other calling. I know one fellow who became stage struck just at the time his parents decided that he should proceed to a medical school. He passed the preliminary but never did a stroke of real professional work from the start, beyond attending a few lectures, and finally he broke away into the provinces with a third-rate dramatic company. I met him several years afterwards in London looking very shabby, and still having hopes of getting on as an actor "some day;" he was then, he explained, just about earning bread and butter. Others I have known, on the contrary, have been most successful after peremptorily changing their profession and going on the stage.

There are quiet students and rowdy ones. There are those who write home on a Monday to tell their parents all about the church services they attended the previous day, in order to get the reply "What a good boy you are." These generally belong to parents of the nonconformist persuasion, who have had letters of introduction to various religious ministers. good boys such charges often remain, right up to the day they qualify; but, such are the contradictions we sometimes see in human character, and the surprises, in some instances they have even been deserving classification as boys at a time when they ought to have developed into men, having learnt little of the world. I have observed that a "goody-goody" medical student is liable to be weak-kneed when he has to go into the world to practice; let the reader bear this carefully in mind: I do not agree that students should be narrowed and cramped by a life that persuades them to be excessively "goody-goody." Religious services, and so much early piety, are all very well and proper in their way; there are few who would not profit in some way by attending some place of worship regularly; but the fact remains that many very good young men have been known to require all the efforts of their mother and a minister in order to keep them straight even after they have become qualified.

In my days those students who appeared to be able to do everything well in the way of diversion as well as work during student days, have been the ones who have afterwards risen rapidly and attained success in their profession. Good at work and games also, diligent and intelligent in everything, they have turned out good all-round men, succeeding in every difficulty they encountered; full of tact and resource, they have been able to make their way sometimes against great odds. These men as students were just the opposite to those who, either on account of fear or little-mindedness, seemed as though they could not go wrong in any way, they have proceeded just far enough to gain a knowledge of the world and its people; they have picked up bits of information regarding human nature that proved valuable when they encountered the practice of their profession. Good practical men, acquainted with all roads, they have been able to pick out instantly those which were best.

Those students who develop into the best men and the best practitioners are the ones who balance work and diversion carefully—not the diversion to be found in drinking-bars and barmaids, but in healthy athletic grounds and in a better-class society—who keep up a sound body as one means of maintaining a sound mind. Those who enjoy varied experiences will be bound to gain a practical knowledge of humanity in general, the value of which will be equal to that gained by many months of toil over books. A medical student who knows medicine and surgery and not much else will rarely succeed in practice. The reason why one observes certain men who had been so promising as students turn out unsuccessful practitioners afterwards, not getting on in the world as well as others who had perhaps only "scraped through" their examinations, is, because the former have been too narrow-minded or too cramped by circumstances.

A student may study as much as he likes; but not solely in order to pass examinations, to the exclusion of every other

healthy diversion and elevating side-pursuit. Let him learn medicine and human nature, and how to keep in a fit condition, mentally and physically; he can work his very hardest at all these with the highest profit to himself; it is not wise to run on the narrow lines of "all work and no play."

My advice to students is to get through examinations as soon and as easily as possible, for better knowledge is to be obtained afterwards, in practice. I think that it is very ill-advised for one to attempt to gain distinction in junior subjects, in chemistry, botany and such like. Let these subjects be passed with as little knowledge as possible unless students should be fond of them, or unless they should require to be highly learned in them for the purpose of teaching. I aver in all sincerity that to burn midnight oil and run the risk of impairing one's health in the first year of study for the sake of acquiring deep knowledge in botany and zoology is not wise if men desire to do well in the profession of medicine. fullest and best powers should be kept for final subjects; the greatest strength being put into them, not merely in order to pass well in examinations but in order to acquire a good foundation on which to build that higher and more useful knowledge which will be accumulated later on in practice.

So much does a well-known professor of surgery believe in athletics as a diversion, that he habitually appoints his house surgeons from the athletes and not from those who have distinguished themselves in examinations. He chooses a good cricketer, footballer, or boxer without exception. He finds that such men are all-round capable, when they have passed their examinations; they have tact and common sense through the wider culture and acquaintance with things in general which they have obtained.

The reader might ask how specialists are to be made if medical students are to get through their examinations as easily and quickly as possible, and how men shall acquire deep knowledge in certain branches of their profession if they do not "grind" hard and keep out of the sporting grounds. To such a question I would answer that compulsory professional examinations should be accounted rather as preliminary examinations, by all students, whether they intend to be specialists or ordinary general practitioners, to be passed in order that special or more advanced work may be commenced as soon as possible afterwards. Sound examinations should always be passed, of course; for a rotten foundation would make an after accumulation of knowledge top heavy and unsafe. Students should not imagine that they have a right to cease work when they have passed their final examination. They should work easily yet thoroughly, and also take plenty of diversion, as students, and then go on in much the same way afterwards, still acquiring further knowledge.

I do not think that good specialists are made of men who severely rack their brains in every subject from the commencement of their studies. I am acquainted with a man who held resident hospital appointments for a few years after taking every high degree possible, in order to become a specialist. He was an old student friend of mine and was an indefatigable worker, never doing anything else but walking to and fro from lodgings to lectures and working at books whenever he had the chance, night and day. This man is now a comparative child in general information. He has scarcely any business capacities or knowledge of the world, and though he wishes to get on as a specialist—and according to his special qualifications and knowledge he ought to do-he has no idea where to start next or what procedure he shall adopt. made repeated attempts at practice, but has as repeatedly failed. He is not earning two hundred pounds a year now, and I do not think he will do anything worth speaking of until time and necessity teach him something about men and If he had worked and played well as a student, and

had centred his mind on special work and special diversion as well, he would have made a more capable man. Amongst men who were once my fellow students, and who have since been striving for positions, I can pick out the practitioners who have done well to be those who worked a certain amount but who also played fairly well during their student days, while the would-be specialists and midnight oil burners cannot now understand why patients will not come to them, and why it is so difficult to get on in the profession. I had recently a visit paid me by a doctor who was formerly a friend of mine during student days, a man I had not seen for some ten years. He was one of the most distinguished students of his year, gaining medals and scholarships galore. I myself was looked upon as one of the failing and "scrape through" order, and was very much looked down upon by the clever students I knew in consequence. He was astonished at my success in practice and said he could not imagine how I had done it. In his own mind he came to the conclusion that I had plenty of private means; he therefore soon began to complain in his interview that he himself had only had command of about £1,000 capital to invest or use since becoming qualified.

"My dear fellow," I replied, "I commenced practice by borrowing \pounds_5 to pay for lodgings! I received my first patients in 15s. a week apartments, and never had the chance of obtaining capital from anyone until I had succeeded in practice to the extent that I was in a position to lend others help."

"Lucky beggar you are, then," said my visitor, thinking that I had been all the time sitting on my haunches with sleepy eyes and head uplifted catching sovereigns from the gods.

"It is work and knowledge of the world and humanity, my boy, that has done it," I ejaculated, and rather astonished my interviewer, considering he had only known me for a tail-endof-the-class man as a student. I know a good many men who were far ahead of me when we were students together, who looked down upon me as a poor struggling chap who might make a doctor's dispenser and bottle-washer some day, but who would have been glad to be my assistant a few years afterwards if it had not been for the shame of the thing. And why this thusness. Simply because as a student I was learning far more than they supposed. I was assimilating many things, with some medicine and surgery thrown in, while those who turned out failures had either tried to learn too much or had never been able to learn enough of medicine and surgery.

It is only fair to add that certain distinguished students became distinguished afterwards as practitioners; but I do wish to point out that this is by no means always the case. It may be taken as a truism that the men who rise highest in the long run are those who have gone in for mixed culture as students, not confining themselves solely to the work necessary for taking high positions in lists of successes.

CHAPTER X

GOING INTO HARNESS AS ASSISTANT

A FEW students may gain experience when at home with a practising father, or as dispensers, before passing their final examination and receiving permission to practice; they may thus be well able to commence practising on their "own account" almost immediately. But even men of this class would be none the worse for some little acquaintance with the methods and style of other practitioners.

Very young men-in appearance at any rate-should not too hastily try to secure a footing in practice for themselves, no matter what their former experience of general practice as assistant or dispenser may have been, lest they should encounter early and severe disappointments; they had better continue to act as Assistant or Locum Tenens, or even as junior partner, until their appearance and style become more professionally prepossessing. It is quite astonishing how many men have no regard for the qualification of looking sufficiently old, either not knowing that they have a young appearance or determined to go their own way in spite of it. Instances have demonstrated to me that it matters not in the least what local or general reputation a man may have, there are some people who will not employ him as medical attendant if they get it into their heads that he is "not old enough to be a doctor." Some there are who are really and obviously young, but who have plenty of abilities, while others merely appear young, and are not so either in years or experience. One practitioner of my acquaintance is thirty-five years of age and appears to be twenty-five; and on the other hand I have known mere boys in age and appearance to possess the abilities and knowledge of mature men. Individuals of the general public are guided a great deal by appearance when selecting their doctor. If a man appear too young and he know it, he should therefore dress older, grow a beard and wear eye glasses. Everything else failing, he should go as assistant to another doctor until he ages a little, which he may very soon do if the work is as plentiful and disagreeable as the "chief" usually makes it.

"But there are almost as many kinds of medical assistants as there are medical students," a practitioner once said to me. "I have had men," he continued, "who have been good for nothing, and others who have been too good." He meant that the latter were given to arrogating to themselves the idea that they knew more than their chief.

I will give a few sketches of assistants for the reader to look at. Dr. Greenton was rather rowdy as a student, and managed to get through all his examinations with difficulty not because he was without brains, but because he preferred using them over diversions rather than duties. His parents lost all confidence in him for some reason or other; he had sense they admitted, but they looked upon it as a very discreditable and useless quantity; they therefore did not quite see the force of expending some hundreds in a trim little practice for their son; so he had to practice as an assistant. He seems to have been a good example of that type of humanity which is only made worse by votes of no confidence; in his general conduct, and outside of professional duties, he never seemed capable of regarding considerately or seriously anybody or anything. My own opinion is that a unanimous vote of confidence would have made a man of flattery which he possessed; it would have made him put out his chest for battle; he was just that kind of man. As it was, he just pleased his chief enough, between periodic outbreaks of abandon, to prevent notice to leave being given him; he lost and just managed to regain his position about once every six weeks; he muddled about between alternate bouts of goodness and waywardness for several years in the same situation. The patients not knowing too much of his lapses in private life seemed to believe in him thoroughly, however: that was the strange, redeeming, and fortunate point about him.

Mr. Wylde-Downe had been a lively student, and had only passed his first professional when his father decided to spend no more money on him. Being a man having spirit, and even a little temper at times, living in the nineties, when unqualified assistants were allowed to practice, he protested scornfully that he wanted nothing from his father; he would practice just as he was. He was taken as unqualified assistant by a doctor who had a large number of poor-class patients. Goodness-how he worked! No man ever felt himself a prouder doctor than he did, after buying a tile hat and frock coat. His breast swelled with satisfaction, and he was roundly stimulated by the fact that he was respectfully saluted by all in the little neighbourhood as "the new doctor." Some even spoke of him as partner. He was quite a smart man in appearance, the hale-fellow-well-met with everyone. The children also liked him. He rapidly grew to be the very soul of the practice, and his "chief" could only save himself from dropping out of all serious recognition, against the extreme popularity of his assistant, by putting on the brake, and referring here and there to "my dispenser and book-keeper," though he was quite alive to the fact that his assistant's success really meant his own profit.

At length Wylde-Downe found he made such a first-rate practitioner in the situation he filled that one day he developed serious thoughts of studying and trying again to get qualified; his resolutions became still more serious when he became aware that his "chief" was suffering from the earlier stages of an incurable disease. He felt he should like to succeed to the practice when his "chief" died, but it was necessary to pass all examinations and take diplomas in order to do this. He talked the matter over in confidence with some of the most confidential friends who knew he was unqualified, and they strongly persuaded him to "go and have another try." When he proposed to his chief that he should suspend his duties for a time in order to study for examinations again, the latter felt very reluctant to fall in with the idea, although he could not really stay him; his assistant was extremely valuable to him in this unqualified condition. However, between one persuasion and another Wylde-Downe at last got away to his old medical school once more. At first, released from supervision, he looked like going headlong towards final destruction instead of to the examination hall, he played so fast and loose. Getting back to his old surroundings of so much gaiety and freedom; catching sight of old chums, still with the old "have a drink" cheer about them, he was carried clean off his legs at the first scent of the old life and was selling his books within a week for pocket money. Headachy, ashamed, and ear-burning for the good opinions wafted to him from old patients at home, he turned an heroic and sensible front once more towards work for examinations—this time after getting only half through his next instalment of money. His "chief" was finding the money this time, not entirely out of the kindness of his heart —Oh! no—but on an understanding that after passing all examinations he should work for so many years at a definite salary. I well remember how, when coming round from a

bad attack of liveliness, poor old Wylde-Downe used to ruefully and solemnly remind me—he was an old school-fellow of mine—that "'the chief' might 'pop off' at any time you know; and the whole concern is mine if I can only qualify." Then he would straightway go to his lodgings feeling very sad. At last, after many ups and downs, hair-breadth escapes and thrilling adventures, he passed all his examinations. transports of joy he burst one day into his "chief's" surgery and showed him the treasures of his prowess, rolled in his "tin-can" as he called it—his diplomas!

"Now for work," said his nose-grinding "chief," thinking of the profits and increase of practice which such an energetic and "tied-down" assistant would bring. But Wylde-Downe was qualified, and a bigger man now; he would not be spoken to as of yore; he was "as good as his master and better." Very soon, however, he was not so well liked by his patients, who, of course, had always in former years believed him to be qualified. He grew to be more careless amongst them and even rather indifferent at times. "Chief" and assistant therefore did not get on so well after this proud home-coming, and, nothing checking his ideas, the latter was even beginning to lose his high opinion of the practice he once so fondly hoped he might succeed to. In the fulness of time the "chief" died, and Wylde-Downe at once put upon himself the mantle of his old "chief." Thus left alone he did no good at all, lost patients one by one, turned sour-tempered; and after a few months he resolved to sell the connection for what it would make and to practice where the class of patients was higher. Some said he had been influenced by his newlyespoused wife, who thought a great deal of him and entreated him not to have his brilliant future spoilt by dalliance amongst a low class. There was afterwards reason to believe that she really, within herself, wished to get out of the neighbourhood on account of some petty social tensions. He made several starts afresh in other towns, but never succeeded; he was entirely mistaken as to his chances elsewhere. He had been his very best when an unqualified assistant and flying under false colours.

Dr. Christopher Carter had almost exactly the same kind of career in his student days as Wylde-Downe, and had been quite as successful as an unqualified assistant. He was fortunate in enlisting the sympathy of a distant relative with capital when he passed all his examinations, who bought him a practice, thoroughly believing in him; but after a few months, the practice dwindled away through carelessness and neglect, the protégé sending all sorts of excuses for his failure to his benefactor, and blaming everyone else but himself. At length his practice collapsed altogether. He therefore had to take a post as qualified assistant. Being fond of athletics and sport, he found a position that just suited him. His "chief" soon liked him very much because he drove with an important air on his country rounds, amongst the sporting people, and reminded them pretty frequently, by suggestion, that good doctors were to be had at the address where he lived.

Dr. R. Wembling was always very quiet as a student, and he got through his examinations at the right time. He was one of those men who imagined himself to be very clever indeed—extremely clever—when he took his diplomas home. He felt pregnant with learning and ability. He took all the compliments showered upon him by admiring relatives and friends, listlessly and slowly, as a millionaire might take stale brown bread for corpulency, feeling that he was really worth very much more. He found home and high opinions far too pleasant to leave for some time, having little desire for the cold encomiums of outsiders and the beggarly estimations of the world in general. At length, however, he felt he must be doing something. Now, notwithstanding the big opinion the father had of his son, he always referred to him as "my boy,"

and being a Scotsman, he thought he would invest nothing until he could see what his son could do in the way of practice. At length Wembling engaged himself as assistant to a doctor in a large mixed practice, and soon found himself very busy indeed among the lower classes. His "chief" was a clever man; he saw at once how to manage his new assistant. He never ceased to flatter and encourage him with all kinds of nice opinions. Wembling was happy-quite happy. He remained in this situation for five years, and never exchanged a cross word with his "chief," doing duty night and day, dispensing at all times just as he was wanted, with the greatest pleasure; he did just exactly what his "chief" desired him like an aphis under an ant. Never having much energy when left to move by himself, he could always be roused by compliment and flattery; he made the best of assistants to the man who understood him. He always spoke highly of his "chief," and referred to "we" with all confidence and pride that the two together would secure half the patients of the universe in time.

The assistant who is almost certain to be unsuccessful in the future is the one who has formerly been made a pet of at home; who was always more or less goody-goody as a student; who never at any time distinguished himself in anything, good or bad, and who always had an overweening opinion of himself and his abilities. Sufficient for the day is the perfection thereof, he thinks of himself. He wears a high collar, which helps to keep his chin up to the falsetto tones of his conversation and makes his lisps more effective. He tells a patient to take a chair because he feels obliged to, not because he is friendly or kindly disposed, and the request is accompanied by a condescending and desultory wave of the hand. His patients do not like him, and refer to him as being silly, stiff and unsympathetic. His "chief" puts up with him, however, for a time, because he accepts small pay

and is good enough to stop gaps. He wears cuff protectors and is frightened of splashing himself when making medicines; still, he is rather ornamental when sitting with the groom on his rounds, and passes inspection as "Dr. Brimshire's assistant." Such a man may fill many posts, but he will gain very little good experience. He will rarely develop into a right-going independent medical practitioner. He may possibly buy a practice of his own when he reaches forty or forty-five; but then it will probably cost him a fortune of his father's saving to learn properly how to keep pace with ordinary competition.

The impatient assistant is one who has filled two posts in six months, and who is disgusted both with "chiefs" and with every other practitioner he has come across. Sometimes he plunges into a practice of his own and succeeds quickly—either buying one, or, by pure force of energy and character, growing one from his own brass-plate, after a few months' experience. But not always will he do so; he may misjudge his abilities; he may turn thin and pale at ill-success and return back to the assistant stage again to undergo the process of being tamed-down to reasonableness.

The success of unqualified assistants as practitioners should serve as a valuable lesson to all, whether patients, assistants, or "chiefs." What made these men successful—who are now fortunately not allowed to practice—was their sound knowledge of everything else but medicine and surgery—of which latter they had perhaps a mere smattering. They possessed common sense in abundance, but lacked self-control in most instances. They had, as often as not, been wayward and variable as students, and it is not to be wondered at that they should have shown tendencies to run away from the strictly straight when acting as assistants, the majority of them. They could exhibit any amount of tact and diplomacy when required of them; they were obedient and hard working,

being more plastic in the hands of "chiefs" on account of being unqualified. They knew where their weakness lay, and tried to make up for deficiencies by means of qualities and abilities acting in another way. They felt that they were commonly estimated at a higher value, by their patients and local friends, than they were really worth, and that they were in some sense sailing under false colours; but the pleasantness of it all acted as a continuous balm to any strokes of conscience that came down upon them at any time. They derived a considerable amount of happiness in their work; the success they achieved under the circumstances assured this, even if the fact kept digging painfully into their sides that they were only a fraction of the real thing after all. Valuable men these were, to many "chiefs" if not to patients; ideal assistants they were, and their loss has therefore been keenly felt by many. It was quite right to exterminate them by law, notwithstanding, and I think I could induce the best of them to admit it, in confidence.

Robert Cayson was an interesting type of unqualified assistant. He was attached to a "chief" who paid him well and who had a very large mixed practice. Do not suppose that he only attended the poorest patients! All classes believed in him and sent for him. He was about the same age as his "chief;" he had a fine appearance, having a good figure and attractive face; and he dressed faultlessly. He inspired confidence, and was much liked by the people. He had acted as unqualified assistant for several years when I had the opportunity of observing him, and had learnt how to please his "chief" as well as everybody else. He lived to please and practice, not to know anything particular about the science of his profession. He only required enough knowledge of his work to avoid making very bad mistakes, and even these his "chief" could generally set right again for him. An untiring worker, he was so happy and good-spirited, having no worries of managership or sole control, that robust health and heartiness went with him constantly. I have lost sight of him since he came within "the meaning of the act." Poor fellow: he is probably rather miserable somewhere now, thinking to himself, "What a fine practitioner I have been in my time! What a splendid doctor they all thought I was!" He had his day, and he ought to be thankful that he was once able to imprint the legend of five-pound notes on brown paper with an india-rubber stamp, and get change for them too, even if only for a time.

Unqualified assistants have been known to be preferred by patients in preference to qualified "chiefs" in many instances, even when the patients have been aware of their being unqualified. So much for certain ideas that take possession of the minds of some of the masses.

"Chiefs" used to run considerable risks often, when they employed unqualified assistants, growing bolder as the plan seemed to answer. The case is remembered of a "chief" who employed an unqualified man, and who felt sufficient confidence in him to trust him to carry on the practice while he went away for four days' holiday. It so happened that at the moment of the "chief's" departure a woman lay fatally ill, as the "chief" and his assistant both thought. Therefore the "chief" before going away filled in and signed a death certificate, to be given by the assistant when the patient died, and the assistant had only to fill in the date. But this patient happened to live, while another unexpectedly died. The assistant was much concerned about this unexpected occurrence, but thought he would get over the difficulty by erasing the name of the stillliving patient and putting in that of the deceased. certificate was suspected and scrutinized. Enquiries were held with results at law that need hardly be mentioned. The man with no registrable qualification is often a man with very little at stake; he is not so likely to think many times before acting improperly in various ways. He has little to lose and

will therefore risk more: it will be seen at once that such a man is a very dangerous one to employ, even while he may be valuable to his "chief" while he can be trusted to act under immediate direction.

The reader will now see, after looking at the few rough sketches given, what men are likely to be successful as assistants -successful from their own point of view on the one hand, and from the "chief's" on the other. Startling as it might seem to the uninitated, it may be accepted as a truism that the best assistant from the "chief's" point of view is the one who will be the worst man when acting on his own account, in his own practice if he ever get one. "Chiefs" do not want men who know very much about medicine and surgery; they require those who are reliable for acting, more by their presence and assurance than anything else, in emergencies and at awkward times; who will be fairly—not too well—received by patients; and who will do all the rough work without a murmur. follows that no good all-round man will submit to an assistant's life for long: he may go through it for a time, for experience sake, but he will soon leave it and start somewhere and somehow for himself. Excepting instances where it is advisable to kill time and grow older, I advocate very short periods as assistant for young doctors. It may seem paradoxical, but I assert that if a man is very valuable to his "chief," as assistant, he had better not purchase a practice when he wants to work on his own account, for he will very likely lose it; he will be more valuable, depend upon it, as servant than as master, in the majority of instances. The good all-round man could be a good assistant if he choose to work under the "chief" as a door-mat, of course, and to be sufficiently subservient and plastic, but he will not waste his time thus if he be wise.

I myself went twice as an assistant, after a thorough schooling from a doctor uncle. In the first place, after three months, my "chief" seeing I was bent on leaving, offered me

a small share as partner, not asking a price in this instance. I was to take charge of a branch. For certain reasons I declined this very kind offer, as grateful as I felt. In the next place I remained for a rapid four weeks, giving the supremest satisfaction at first, so much so, in fact, that I found my "chief" inclined to hunt two or three days a week, leaving all the work to me, which was not only unfair, but actually growing too heavy for me to bear. He thus found me valuable as an assistant, not because I was such a willing dirty-work man but because I was so able a substitute for himself. I deemed it prudent to "clear out" for my own sake. He tempted me, but it was no use; I thought that if I were so very useful to him I might be worth something to myself. He was an interesting kind of "chief," diametrically opposite to most "chiefs" in methods, and that is why I refer to him—as an exception which helps to prove the rule. He made a point of running the abilities or energies of his assistant, if he could get the right kind, for all they were worth, while he rode away smiling. Wise man, in his way, making life pleasant by working the brains of others. My first "chief," for three months, was another exception, a splendid one in every way. I do not give him this credit because he made me a nice offer, but because he was a conscientious and fair man. He rose from the ranks to great success, which a man of his character deserved. He never expected extra work without extra remuneration; he was too much of an honourable man to attempt to "sweat" his assistant; he never deceived, and never exercised unbecoming craft. He kindly permitted an assistant to discuss questions or display any knowledge of professional work, without growing annoyed or jealous. He was a generous man; a really good fellow, who believed in other people, and counted them with himself.

For the benefit of any recently qualified medical man who may possibly turn over the pages of this book at the same

time that he is scanning the advertisement columns of our medical journals with a view to getting a post as assistant, I will give some idea of the tricks and impositions that are sometimes perpetrated by unscrupulous "chiefs." In the first place let me warn the young beginner against practitioners who advertise for assistants "with a view to partnership;" not that absolutely all who advertise in such terms are infamous in every respect, but because many deliberately intend to cheat applicants into the belief that a "good thing" lies at the back of the scheme, while in reality they only intend getting hard work out of an assistant for scant pay and nothing more.

"Chiefs" who advertise thus, know perfectly well that the assistant looking out for a partnership is in the first place one who has not the courage to practice on his own account and who therefore is all the more likely to make easy prey to his duping; they are also aware that such assistants are likely to be good ones from their own point of view, persevering, conscientious, and not objecting to be run down at the whim of one striving for personal aggrandisement and profit,—likely to be willing. We all know how the coster got his donkey home—by keeping a handful of hay a few inches in front of its nose all the way: the "chief offering terms with a view" could not be compared with anything better. Some "chiefs" find they get such good work out of men who assist "with a view" that they habitually advertise with the inducement added, never intending to take a partner. In these instances, if a partnership is mentioned by the poor assistant after six or twelve months' striving to please, then more work is put upon him, until he "kicks," and then, of course, the "chief" finds him "quite unsuitable" to take on as partner.

A "chief" will sometimes indicate the amount and kind of work he expects from an assistant before engaging him, and will afterwards gradually impose upon him, especially if he sees he is a capable man-and he may easily be more capable than himself. He will keep him down, so to speak, by giving him a quantity of unpleasant work that he did not expect to have. The assistants of certain practitioners must not rise in popularity or power, or they may be found rather an inconvenience; so they are kept at such a level—as regards work, and respect paid them by the "chief" before others—as will always tend to elevate the "chief" to a position considerably above his assistant, in order that the former may appear before patients by far the more distinguished and superior. Such "chiefs" are very fond of opportunities of scoring off their assistants if they can, in order to convince their patients as to their own much greater skill; and very often the poor assistant is belittled before patients without knowing itbehind his back, being referred to as "dispenser," if occasion dictate.

The history of those "chiefs" who advertise for an assistant and hold out the inducement that there is "plenty of opportunity for reading" had better be carefully enquired into by the junior seeking work. Some "chiefs" like to engage men who "wish to read," because when the latter are not actually assisting they are almost sure to be on the spot for emergencies. One "chief" is known who has advertised for assistants for years—he never keeps them long, and does not expect to-promising "good opportunities for reading Those who are engaged find that the only time they have for reading is after all other reasonable people have gone to bed. And you must not suppose that this tempting promise of so much time allowed for reading is given for love! A very small salary is given for services, of course. So the "chief" makes a good thing out of it altogether. He can afford to be changing his assistants fairly frequently at this rate; and he might even pay for repeated advertisements, by

the year, to advantage. The reader might think that sensible assistants would soon find out the nature of such posts, but the "chief" keeps the suspicious ones going a few weeks by further promises, telling them that the experience they are having-for they are always newly qualified men who take these posts—will be worth a fortune to them in the future, and assuring them that the work is "now much more abundant than usual and is sure to drop very soon, so that you will be able to read."

Then, again, the assistant must fight shy of "chiefs" who make a point of sending them to all awkward cases, without giving them any particulars beforehand. I will give examples. An assistant whom I once knew was told by his chief to go and see a case at once for him; he did not know what it was, he said, but he himself had a headache and did not want to go out of the house just then. Now, the truth was that the messenger who had been sent to fetch the doctor had given him full particulars regarding the case, which did not quite please him when he heard them. He had been informed that a woman had gone raving mad and that she had threatened to stab anyone who should go near her. "I'll kill any doctor you send for; they will only poison me," she had said. Naturally, the "chief" was a little afraid to go near her, but thought his assistant might do for a case like this. So that his assistant might not object, he thought he would tell him that he did not know what kind of a case it was. The assistant went, and was met at the front door of the house by a neighbour, who implored him not to go near the patient, as she was brandishing a carving knife and had threatened to kill any doctor who approached her. But the assistant was a better man than his "chief" this time: he gathered up his courage and at once proceeded to the patient's room. At first, he told me, he approached her as pleasantly as he could, and tried to laugh her out of her resolute countenance: he was successful, so far, inasmuch as she did not spring upon him, but allowed him to come quite near—still, however, she frowned at him and clutched the knife in her hand in a determined manner. In an instant, and with lightning dexterity, the assistant—he had been a good boxer and athlete in his student days—caught hold of the woman in such a manner that she could not stab him with the knife, and by degrees he got hold of her wrist and took the weapon away. The woman was then removed to an asylum, and the assistant, before leaving the house, learnt that full particulars and warning had been given his "chief" when the message was sent. He thought it wise not to make any fuss with the "chief" in the matter when he returned, however.

An old friend of mind, while acting as assistant, was once sent to see two cases in the same house, by his "chief," who said he knew nothing about the nature of them. At the bed-side, after doing a lot of manipulating and auscultating, he found both patients to be suffering from small pox. His "chief" knew that there was a case of small pox in the next house, and he had been told that the people thought that the two new patients were suffering from the same disease, but he did not warn his assistant, because he did not wish him to think that he dare not go himself.

"Chiefs" will often send their assistants first if they hear accounts of very serious accidents or alarming illnesses, and will even tell them that they think the case is not a very important one, in order to get them to go the more cheerfully and willingly. An assistant was once sent to a compound fracture case by his "chief," after the messenger had left word at the house that the bone was sticking through the trousers. The assistant was visiting another case at the time, and his "chief" sent on to ask him to go, saying that he had another urgent message to go elsewhere. No information was given the assistant about the fracture. The "chief," forewarned and

forearmed as to the nature of the case, could have gone quite well if he had liked. Next day the "chief" attended the case and told the relatives that he wished he could have attended at first, because he could have at once stopped the bleeding and in many other ways have done so much better than his assistant had done. He was in the habit of performing this trick. If the case "goes wrong" such a "chief" does not get the discredit of it, but will sometimes remark to others loftily, "I did not attend to the man: I was out: my assistant saw him first: I wish I had been able to; I believe I could have saved him."

Young practitioners should have a better chance given them, by "chiefs," of becoming properly interested in their work. They should not be pushed into positions of abject servitude. We should then find more men rising to positions of selfrespecting and public-respected practitioners, not being compelled, after years of serving as assistants, to open shops in the East End for medicine and advice at sixpence—or even fourpence! Many promising young men have all the goodness and grit ground out of them by years of degrading dispenserships—hardly more—because no better chance has been open to them. No wonder that, later on in life, such men are often driven to drink. If all assistants were given quite small shares in whole or part return for their services, they would in most instances turn out better men and render more valuable services to their "chiefs" and to the public. Many "chiefs" are afraid of taking partners: but there would be nothing to fear if they would but treat good men sensibly.

CHAPTER XI

SUBSTITUTES

Positions as substitutes, or locum tenens, for over-worked doctors who want a holiday, are generally held by men who are either recently qualified or who wish to nibble at minor experiences between meals of major ones. A few there are who continue the work for a long time, making it their chief method of practice. As a means of gaining experience I have nothing but the highest opinion of the work; in fact it approaches very nearly—indeed, it is even better than—what I consider an assistant's experience should be, namely, a very short one. It is better, because the young practitioner is thrown to a great extent for the time being upon his own responsibility. And in merely a week or two he has not time to get very far wrong in case he has not had much experience previously.

Strange to say, a man ought not to be a perfect practitioner to fill such a post, if he wish to make a good "locum" in the eyes of his chief. The reader may well be astonished at this confession. He should not be a good man in any sense but morally, to be a desirable "locum," because he might please patients better than his "chief" and make them dissatisfied with their usual lot. I give this little information for two reasons, first, because it is interesting, and, secondly, as preliminary to pointing out that if you are a good "locum" in the eyes of a "chief" you will never be very much good when

working for yourself. A "chief" likes a "locum" who does not make himself popular but who is just sufficiently satisfactory to keep the practice going until he returns. Similarly a clergyman will invariably choose a substitute who is not as good as himself. A better than himself would make his parishoners dissatisfied with him when he returned. A curate of my acquaintance used to wonder why he could never get a "living" of his own, since he was always so strongly recommended as a substitute for vicars away on their holidays, until I explained to him that if he were a good preacher he would never be sought after as a substitute.

The "locum" can taste many practices belonging to others, getting little bits of valuable information from each; and thus he may, if he be an observant man, gain experience enough in a few weeks to make him a well-informed and safe man to work for himself in his own practice.

To do "locum" work for more than a few weeks is distinctly unwise. It is so because the work is badly paid and badly paid because practitioners cannot afford expensive holidays—and it is very exacting and exhausting in a good many instances even if well paid. Then again the class of work is looked upon as infra dig if a man continue to engage in it. That anyone is good enough to be a "locum" is a well recognised fact, amongst all medical men excepting "locum" practitioners themselves, and a man who is always engaged in such work runs the risk of being considered worth nothing better. The better practitioner a "locum" is the shorter time will he remain a "locum." As a "chief" I myself would question a man's general abilities who undertook "locum" work as a regular employment. To act in such capacity as will enable a young man to gain an insight into the work of a practice is distinctly wise; but a very few weeks should be sufficient for this.

"Locums" themselves had better take careful note of these

paragraphs, for they are too apt to consider that because they can manage other men's practices they are therefore very smart men and quite capable of managing anything, or anybody, anywhere; and at length they very often become quite confident that they could manage a practice of their own while they are labouring under quite a mistaken idea. I will give Dr. Joseph Hornton got married directly after qualifying, and thought he would like to settle down in practice somewhere. His friends persuaded him to act as "locum" for a little time, so that he might learn how to conduct a practice and be the better able to carry on one of his own. He therefore acted for a week or two as substitute for a practitioner who wanted to "attend to matters" on the death of his father. became very popular amongst the patients, and was complimented several times for his cleverness, as many young men are by those who wish to say nice things to them, knowing that they are here to-day and gone to-morrow—guests so to He was very pleased with himself. Many of the patients and people in the district were naturally rather interested in him, if only because he was a change. received him well because he was to remain only for a short time. Some mothers thought he might be single and suitable for their daughters; so they fussed around him a little. Others seemed as though they had so much respect for their own doctor that they felt it was their duty to make themselves pleasant to his substitute while the former was away. Now it so happened that the "chief" had come in for a fortune from his dead relative, and when he returned he expressed his intention of selling the practice. He remarked to his "locum," on finding him pleased with himself, that he thought he was the very man who would suit the place and people: he persuaded him he would probably do well in the practice. Dr. Hornton really thought so too, after his fortnight's work. He jumped at the idea. Terms were soon arranged—rather high, it is

true; but the practice changed hands. Soon the new doctor felt this thorough-going practice at his finger-tips—all his own—he had got such a grip of it, he thought, as he noted all the evidence of cordiality and confidence shown by patients that a man could wish for. We will not follow him through all the months of his early anxious experience, suffice it to say that in twelve months the practice dwindled down to half ts usual size, and its new practitioner had to sell the rest to save it from galloping consumption. The patients had liked him well enough as a "locum," for a fortnight, but many thought him far too young afterwards. Those who were at first highly appreciative of him as a single man changed their opinions entirely when he bought the practice and introduced a wife.

Therefore "locums" must be warned not to gain false impressions regarding their own abilities: they should carefully take into account what it is that gives them their temporary success in each place they practice, and what has made each "chief" successful.

The reason why some men continue for a long time to act as "locums" is this; in their different fortnight-duration posts they have opportunities of acting as little "chiefs," and they get the sense of their imagined importance sharpened in each place they fill. They may have acted as assistant here and there but have failed in such positions to extract the same blissful admiration and sensation of mastership. They cannot buy practices of their own, or perchance they have bought and failed: still they feel they are good enough to be in command somewhere; so they get what little dominion over the public they are able by taking other men's work.

For the benefit of "chiefs" who may at any time have to engage a "locum," I would like to advise them to be careful how they proceed to find one. The safest way is to engage a man who is recommended by a personal friend—who himself

has employed the same "locum." Easier said than done, I know.

A "chief" should not engage a man who has not been tried before, if he can help it, unless the candidate be one personally known to be a reliable man in general character. I feel I cannot do better than give examples. Dr. Meredeth Mours was a man who had not acted as "locum" before, and, as substitutes were difficult to obtain at the time, he managed to get an engagement. The "chief" who ventured to trust him thought he could not go far wrong in a fortnight, after questioning him and hearing his history. He therefore engaged him and left for the continent. After two days the "locum" left everything, without informing his "chief." He had found the work worrying and the neighbourhood unpleasant; in a fit of despair and sheer "funk," on account of having a few bad cases to attend to, he broke away. The groom and servants were at their wits' end to know what to do: they themselves had no address, so they could not telegraph for their master. practice was pouring into other practitioners' hands while our "chief" was roaming happily in the Alps ignorant of what was transpiring at home. Poor man! He had something to do when he returned.

As some "locums" are sure to read this book, I had better give them a few particulars about certain iniquitous "chiefs" there are in the world—for everyone must have his due, notwith-standing; not to be biassed or in the least unfair is certainly one of the chief efforts I am making throughout. Sometimes the amount of work to be done in a practice is misrepresented by "chiefs" in order that rather lower terms may be agreed upon with the locum tenens. In doubtful cases therefore the locum tenens would be wise while arranging terms to refer to a possible increase of work during the week and arrange for more pay if the confinements, say, should be more than were expected. One "locum" of my acquaintance was told by his "chief,'

on being engaged, that there could be only about one confinement during the fortnight; that if the work during the day would be hard he would at least have quiet nights; whereas when the time came he was up eight nights out of the fourteen and had nine confinements to attend to. His "chief" said he was very sorry on his return: but the "locum" had made a surreptitious examination of the books while the "chief" was away, to clear up the question; and he found that all the cases were due and that the "chief" had lied.

Some "chiefs" will habitually pick a fortnight of the year for their holiday when they expect one or two very bad cases of confinement, and they will not warn the "locum" that he may expect to have trouble so that he may prepare for it. There seems to be no remedy for this trick, however. "Locums" must take their chance of such behaviour if they work amongst strangers. It might be supposed that "chiefs" dare not leave such cases in the hands of substitutes, that such a method would bring discredit upon them; but in most such instances the patients themselves are purposely not warned to anticipate any trouble; moreover, it is easy enough for a practitioner to run away even from his worst cases if he plead ill-health. It is not the hardness of the work, therefore, that induces a "chief" to arrange to leave the practice in a substitute's hands at certain times; it is very often because he expects, judging from previous experience with cases, that he will have a few bad ones that may not only give extra trouble but bring him little credit. In other words he would prefer that a locum tenens were blamed for incompetency, or made party to misfortune, rather than himself. The reader will note that I only refer to some "chiefs."

Now, let both "chiefs" and "locums" come along arm in arm with me, to learn something about the methods of agents. Agents of all kinds are generally very valuable in their way, but they are not *always* to be trusted. Some are

good and some are bad. Business men that they are, they are liable to make use of unscrupulous business methods. They will sometimes refer to the "very best" man just as a meat salesman will point to his cold-storage mutton protesting "prime Scotch." And when "chiefs" are crowding their offices seeking substitutes it is very tempting to describe the very worst and last man available at the time as a downright good and reliable man, even though their advertisement may set forth that—"Only the most reliable men, who are personally known, are sent out." A personal acquaintance, you must recollect, may be one made in a few minutes, and need not be much more than a hand shake after all. But that is a detail. The agents' object is to get as many fees as he can, naturally, and to get them with as little trouble and as little misrepresentation as is possible under the circumstances. But, remember, there are good agents as well as bad. I am referring to the bad ones. Neither "chiefs" nor "locums" need be in the least surprised if an agent procure for them quite a different substitute or post, as the case may be, from what they indicate they require in their particulars. The agent will endeavour to satisfy his clients as far as he can, but he will not lose the chance of fees by considering the interests of his client in preference to his own; he will endeavour to make the slightly irregular fit into the round if nothing else better is at hand—indeed, are not these the most advanced and most successful of all business methods at this end of the century?

CHAPTER XII

DOCTORS AND THE LAW

THERE is no work which may enter into the variety of a doctor's routine to equal in importance medico-legal cases. They are important because the practitioner may be led into disputes, disagreeable situations, courts of law or coroners' courts, according to the nature of the case. They are important because they are not private as between doctor and patient, but cases that will be more or less exposed to public criticism. They are rare compared with the general run of cases a doctor has to attend, and, being rare, they are not always quite well prepared for. As a consequence medico-legal cases offer a good many pitfalls down which an even-running and otherwise successful practitioner may stumble if he is not very careful.

The levellest-headed practitioner in the ordinary way may run considerable risk of sustaining awkward trips and unforseen catastrophes if chance should place a medico-legal case in his way which has unexpected, far-reaching, and knotty points. Our press reports constantly provide us with a goodly supply of examples. The reader will probably be able to call to mind several. Take the case of the eminent specialist who a year or two ago found himself figuring in a cause celebre in one of the high courts: he has not entirely recovered from his public exposure and parade to this day, and probably never will. Little did he ever suppose he would

occupy such a position. Such cases show that a chance word, or an easy flowing statement to friends about a case, may have an effect that gathers importance as it rolls, until a world's press is in the end full of it. The quietest of all practitioners, least offending and least loving of notoriety or sensation of any kind, may thus find himself in the witness box almost before he has time to look at both sides of the question. And it is no use for a doctor to try to steer clear of medico-legal cases: a few may be avoided, as I know they are, but I am inclined to think that such avoidance only renders a man's position more dangerous than ever: I am of opinion that practitioners should boldly tackle every case having medicolegal possibilities that turns up, and go through with each, if only to get experience—which experience will very likely save him from absolute disaster on some future occasion when the case is more serious still.

I am thinking at the moment of a rather chicken-hearted practitioner who made a practice of avoiding the police or coroner's courts whenever he possibly could. He did not like such cases, he said. But one day he accidently got a leg into a hole, as it were, not suspecting that any serious turn of events might possibly develop. He did his best to get out of the situation before trouble could take a firm hold on him, but at length he found himself inextricably within the gripping arms of an octopus. He had to face the situation as well as he could. The result was that he came out of the case very badly indeed. He made a very poor show in the witness box, almost making a laughing-stock of himself, and giving all the worse impression because his desire to shake himself free from the case at the beginning had been observed and comented on at the trial. He dislikes medico-legal cases still more now. A young man should always commence practice with the understanding that a certain proportion of medico-legal cases will be sure to come before him.

should make up his mind that the only satisfactory and safe plan to adopt is firstly to expect these cases, secondly to prepare forthwith for them by observation and reading, and thirdly to firmly face any that should arise with whatsoever knowledge and tact he possesses. He should ever bear in mind that even to expect is in a measure to prepare for emergencies of this nature.

I must candidly confess that my first inquest, while I was acting as a locum tenens, gave me very good and lasting instruction as to the possibly awkward situations a practitioner might find himself mixed up in: I learnt a lesson on this occasion which I could never forget. I came out quite satisfactorily in the end, it is true, but I had "a warm time of it," and I could see that I might have appeared a sorry fool before the public if my evidence had not ended exactly as it did. I just managed to save myself and that was all. I had supposed an inquest to be a little entertainment for a doctor until I received one or two very pointed questions from coroner and jury-just the kind of questions that make a young fellow feel uneasy and put his tongue in his cheek. I perceived for the first time that giving evidence in a court might possibly be anything but fun. I found my knowledge and opinions deliberately challenged on different sides, and, observing reporters busy close by me the moment I was appealed to, I began to think that questions for a final professional examination had been nothing to it. From that inquest I realised how very important medico-legal work was to the medical practitioner. I found that medical evidence was given, not always quite confidentially to a pleasant and colleagual sort of coroner, or to a deferential and cordiallyagreeing jury, but very often right into the face of an extremely clever and practical cross-examiner, for the public to read all about in the morning's paper.

But while medico-legal work may cover a practitioner's working ground with all sorts of traps and pitfalls it may on

the other hand do him an immense amount of good. I mention the danger first, and the disadvantages of being ill-prepared, because I know that the majority of the profession would rather be without most medico-legal cases if they could, and because a very large number positively dread them; but there is the other side of the question, however; the man who goes through all his work satisfactorily, and is ever courageously on the alert for possible elevators as well as pitfalls, will have just as good chances of scoring as losing over medico-legal cases. Therefore, far from advising young practitioners to be careful to avoid such cases, I again strongly advise them to prepare themselves to take all that come in their way if they want to improve their practices: nothing brings a man into greater prominence than reports of sensational or interesting cases—whether printed in newspapers or propagated by hearsay. Let the enterprising young practitioner tackle each medico-legal case that falls in his way with a determination to win the Victoria Cross, so to speak; and to this end let him expect them, and read up for them, and prepare for them. Medical men have been knighted before to-day on account of the signal ability they have shown in giving evidence in a single sensational and note-worthy case in a law court. critic might say that in so many words I thus exhort practitioners to advertise themselves. No; I do not deliberately advise any such method of advertising. I simply argue that it were best not to avoid medico-legal cases; that to avoid them is to be illprepared and exposed to great danger if an accidental one should present itself. Practitioners may not always be able to avoid medico-legal cases, therefore I advise them to prepare for a favourable publicity being given them rather than an ignominious and damaging one. I do not advise practitioners to seek for advertisement through medico-legal cases. Some sort of advertisement is almost bound to occur, sooner or later; therefore the practitioner had better see that it is of the favourable kind.

I cannot avoid referring to the question of nervousness while considering medico-legal cases. I have known big, burly practitioners to tremble like children while giving evidence in a simple coroner's court. When one knew that appearances in court were rare to these men one might possibly allow that their feelings should be excused; but, from the close observation I have made, and from personal acquaintance, I am able to assert that, after all, nothing causes pale faces and tremblings so much as a man's feeling that he does not know enough about the case, dreading cross-examination, apprehending that he may be caught napping or making some stupid blunder. This causation to my mind comes far before any naturally inherited timidity or nervousness: indeed, is not a consciousness or suspicion of ignorance always the prime cause of nervousness which man or woman experiences when appearing in public? I have known men who rarely appeared in court to be quite unshaken throughout a trial, while others, on the other hand, who frequently entered the witness-box were never known to conquer their nervousness. The former as a rule have been men who have known their work and had "got up" their case, while the latter never could have exhibited the strength of wide information at any time.

Confidence regarding one's own knowledge and ability is the thing to dispel nervousness before the public, as a rule. Some men may be naturally of a nervous temperament it is true; and others may suffer from chronic indisposition, having dyspepsia or loss of tone. A practitioner of sound ability may possibly be a little nervous for fear he should not be able to express himself properly, but in medico-legal cases it is the chances a man has of making slips in statements, opinions, or theories that produce nervousness, in by far the majority of instances, which chances the man of poor professional knowledge and scanty general information perceives bristling around him. The public observes very closely, and a trembling

doctor rarely gains much credit for anything he says in a court. I was personally acquainted with a practitioner who lost a valuable appointment simply through being observed to shake as he gave evidence in a coroner's court.

A doctor with a firm head on his shoulders can often score very considerably even though the decision in a medico-legal case in which he has given evidence has gone against the party in whose favour he happened to be giving evidence. he offer his evidence in a straightforward and intelligent manner, and carry on his countenance the imprint of his own firm conviction, he will rarely fail to bring credit to himself in a court, whatever the nature of the verdict may be. while knowledge gives nerve, nerve also considerably helps the expression of knowledge. If a man be well-informed and capable he is not likely to shake and turn pale; but if he have good nerve in addition he will be able to arrange his evidence properly and to present it in the best possible manner at the moment it is required. A nervous man will forget, falter, or contradict, while attempting to deliver himself of the evidence he may be possessed of, while one with a firm temperament will have the facts of the case at his finger ends and will state them freely and fearlessly.

I have seen practitioners "score," and I have seen them lose prestige and reputation in coroner's courts and other courts of law; I have myself had a good deal of personal experience in medico-legal work of all kinds that may happen to the general practitioner; I do not pretend to write this chapter from the point of view of a coroner, or a lawyer, or a professor of forensic medicine, but simply of a general practitioner; I therefore warn young practitioners that they are sometimes apt to learn only one or two sides of questions when they listen to lectures, or when they commit to memory a certain amount of book matter; there are those sides left for them to make a study of which only actual experience can present to them.

As touching coroners' inquests in particular, I should like to point out that a general practitioner, having occasion to give evidence, should never count on any professional friendship with a coroner—not even a medical coroner: he should never suppose all coroners alike, nor should he imagine they must be more or less colleagues merely because they are polite. I recollect hearing a junior practitioner remark, after he had given his evidence at an inquest, that "inquests are not half bad: I should like any amount of them. Why do some doctors fight shy of them?" It so happened that the coronor was "with" the witness all through the inquiry, for some reason or other-perhaps he sympathised with him because he was obviously young and inexperienced—and the jury were also unanimous in their kindly bearing towards the young doctor. Some twelve months afterwards, however, this same practitioner cut a very sorry figure in the same court, and got his name awkwardly mentioned in the local papers in consequence. He had imagined that he could never get wrong in such a situation, and that coroners and jurors were "capital fellows." But on this later occasion selfconfidence and a one-sided impression had led our tyro into expressing some strong opinions, which were thought to be rash and ill-advised; he was consequently cross-questioned by the coroner and harried by the jury until he lost his temper, and all together matters went very unpleasantly for him.

Practitioners should always look seriously upon an inquest or any medico-legal case: they should never surmise that the whole hearing will be after the nature of a friendly meeting, no matter how simple and straight-forward the details and circumstances of the case may appear to be before entering the court. I am thinking at this moment of the case of a practitioner who, with his usual smoothness and peace-making methods, interviewed and sought to allay the fears of a parent—rightly charged with cruelty to her child and fearing

the worst fate, who knew herself to be guilty but whom the doctor did not suspect—by entreating her to keep calm and not to worry over her child's death. "It will all end perfectly satisfactorily, I assure you," said the well-intentioned doctor: "the police authorities are obliged to look into such cases as a matter of form you know, and I am quite sure you have nothing whatever to fear." But both mother and doctor soon found themselves in the Criminal Court. The doctor never dreamt of far-reaching and complicating possibilities, and he suffered in the end for it. He should have carefully gauged probabilities and possibilities from the very first—no matter how simple and certain the case had seemed to him. He should have prepared himself for the gravest eventualities if any shadow of suspicion were hovering round.

Where there is any possibility of crime being at the bottom a case before a coroner, a medical practitioner should be most watchful and guarded: he will have the interests of justice to serve, but also his own reputation to guard. Let me give an example which indicates its own lesson and requires no commenting upon whatever. A practitioner once attended a child for what he honestly believed to be the disease tabes mesenterica. As a matter of fact, however, the child was being maltreated and was suffering from general neglect and ill-usage. It is very likely that some degree of the disease did set in at some stage, but this is not really important to consider just now. Having got the doctor's opinion of the case repeated, and also the further information from him that the child might possibly have a convulsive fit and die, the wicked mother of it sought to hasten her devilish object to obtain assurance money by dealing the child a deadly blow on the back of its head. Now, the walls of her house were thin, and a neighbour had often listened to ascertain the cause of the child's screaming. One day a blow was detected and no screaming afterwards. A day or two after this the sight of a hearse leaving the house, and the mother's obviously feigned grief over the death of her child, aroused a feeling of wrath and determination in the neighbour, and a certain well-known Society was informed of what had been heard through the wall. The doctor had given a death certificate stating that the child had died from tabes mesenterica, though the neighbour had made efforts to place suspicion in his breast, even going so far on two occasions as to ask him aside for "a word or two." But he refused to listen to what he called "neighbour's gossip." After her persistent attempts to give him information he had more clearly seen the possibility and probability of the truth of the neighbour's last higher-toned and desperate words sent after him, "the mother killed it." But he felt he could take no further action in the matter now: it was too late. The Society went to work, and the child's body was exhumed after a great deal of bother with authorities. A fractured base of the skull was found. An enquiry was held. The doctor gave his evidence in quite a straightforward manner, as it appeared, and of course did not forget to protect himself whenever he could. Naturally, he attempted, with all his power, to justify his giving a certificate, but cross-questioning brought out serious suggestions of ignorance and neglect on his part-which I would remind the reader might, or might not, have been altogether deserved. Attempts were made by the mother to prove that the fractured skull was caused by a fall which her sickly child had had. Evidence was conflicting. No one was convicted, but both parent and doctor suffered considerably through busy report and difference of opinion.

The doctor in this case ought to have carefully borne in mind from the very first the possibility — even perhaps remote—of ill-usage, and of legal steps in the future. A safe rule to make, with regard to this and other cases besides those connected with sick infants and children, is, If

in doubt do not forget the designs and methods of the criminal. And remember this before death takes place if you wish to avoid further crime, and, later on, the consequent searchings, exposures, and suggestions of a criminal court. Mothers or foster mothers who wish for the death of a child are usually worth nothing as patients or clients to a doctor, from a financial point of view; but he may be compelled in some instances to be associated with them-he may be unwittingly drawn in-and they may place him in positions of the greatest danger. Therefore it behoves him to look out for criminal intent wherever he may be attending, whether in the slums or West End Mansions, and to spare no words to prevent further mischief and crime if he have reason to suspect it. A doctor had better never enter a house again, or had better at once send information to the police, or to a society, according as his judgment or his conscience dictates, rather than get himself mixed up with murderers in sensational newspaper reports, not having early divined the case to be one in which crime had been the main factor and origination. I have had several baby farmers in my experience call upon me with their slowly dying charges; not having proof, but merely strongly suspecting what the nature of the case was, I have advised or admonished them in such terms that they have promptly gone elsewhere—perhaps to the less suspecting instead of acting on my warning and advice.

If a practitioner be called to see a person unknown to him who has been found dead, he should send for a police officer, who will take his own particular notes for police purposes. The practitioner cannot be too careful regarding such cases, and he must proceed to write down notes concerning everything he deems of importance regarding them. Not only should he observe the patient in every conceivable aspect, but also the room, house, and any other people he sees near. What may appear trifling at the time might eventually prove

of the utmost value when an inquiry is held. The doctor should always help the police if he can. By so doing he is not only acting in the interests of justice, but he is acting in the safest possible manner in his own interests. If any suspicion of foul play should be aroused he should work in its direction, like a detective. I give this advice notwithstanding that it runs counter to the teachings of the latest book published on medical ethics. Here I read:—"While members of the medical profession must obey the law, and aid the course of justice, they are not called upon to act the part of detectives or informers." I think that everybody has a right—it is their duty—to prevent or expose crime if they are able. Silence may be acting in the interests of one, but surely against the interests of many, the public at large. We are taught by a higher system of morality that we should even make self-sacrifice in order to benefit others. But I would warn a medical practitioner to be careful how he weighs profit and loss in this connection, or he may himself suffer irreparably for the part he has played. Every medical man should have a first right to consider his own safety, even before revealing secrets in the interest of justice. In regard to all conduct or conditions that could not be considered criminal I naturally advocate the firmest adherence to the Hippocratic oath—"Whatever, in connection with any professional practice, or not in connection with it, I see or hear, in the life of men, which ought not to be spoken abroad, I will not divulge, as reckoning that all such should be kept secret."

Death may result from illness or crime, but a practitioner must never forget that it may have resulted from both. Let me give the reader a case to consider. A man had been living on unhappy terms with his wife for some time, and it so happened that at the same time she developed phthisis. He was known to have "wished her dead many a time." They had been accustomed to quarrelling, and he had

frequently shown some violence towards her. One day he struck her a blow in the chest which brought on a fatal hæmorrhage. Now, "hæmorrhage," the doctor had repeated in the husband's presence, "might happen any day" in a case of consumption in an advanced stage—in fact he had expressly warned the husband. The doctor considering that the woman was found dead with blood issuing from her mouth, by a neighbour, thought he had better acquaint the coroner of the case, but at the same time he stated that he had expected hæmorrhage and that he felt justified in giving a certificate. The coroner replied that no inquest seemed necessary. Now, after striking his wife and seeing blood flow from her mouth the husband had gone away out of the house quietly. When his wife was found he was telegraphed for; he returned home expressing surprise and sorrow, of course. But a woman next door had heard high words, as she told me twelve months afterwards; she had distinctly heard a blow and a fall and had seen the husband leave the house immediately afterwards. When the body was "laid out" she was present out of curiosity, and there, over the right chest, was a well-marked bruise. For various reasons she told no one until she told me. She thought the poor woman had been "put out of her misery" by her husband's murderous blow, and that death had been her best friend under the circumstances, so she had kept quiet about it.

The statements of doctors regarding patients have many a time led to murder being committed. Some women of the lower classes never forget such an observation from a doctor as this, that "the youngster might die in your arms suddenly any day," or "in a fit," or "before you could get a doctor." They ponder over such expressions, and jump to the conclusion that it would therefore be safe and easy to kill the child, and then go and tell the doctor how accurately his expectations had been fulfilled.

But the doctor's prognosis has been, in this manner, many times found useful even amongst higher classes, if the book of truth were open for us all to read. "He'll die suddenly some day you will see," a doctor may observe to a near relative; but the patient may live to give annoyance for a number of years, and spend a lot of money that might otherwise come to hopeful relatives. Hence an idea, and a fatal dose of something given. Nay, I have myself witnessed the bodies of victims dug up years afterwards, which, according to the very best evidence coinciding with the recollection of reliable neighbours, had been foully and clumsily murdered. Old people have stood by while baskets of bones have been brought up from under the cellar floor, skull bones with bullet holes through them, and have given the account of sensational and mysterious disappearances, years ago, when so and so was living in the house.

In any case of "found dead," suicide, murder, or death from accident, the practitioner wants all his wits about him. Nor is it safe to place full trust in the testimony of by-standers, friends, or relations. But all should be heard, and all evidence taken note of. Nobody's word should be deemed absolute evidence, and convincing, that cannot be proved to be reliable. And all this should be done while making as few remarks as possible. The doctor must listen, question, and cross-question, but he must give no decision and make no observation that may be handed on carelessly or perhaps wrongly. I shall never forget the trouble a practitioner of my acquaintance once got himself into through making a casual remark to a bystander while making investigation into a case of "found dead." He remarked after a careless glance at the body and a hasty consideration, "This looks rather like suicide." Then he went away and gave the usual information to the police. did not absolutely and finally decide upon the spot that it was nothing more or less than suicide, he merely casually remarked that it rather looked like it at first, thinking that time and an inquest would prove ultimately what the cause of death was. But his words gave the start to rumour, and an increasing quantity of report, some true and plenty of false, spread right and left, until nothing remained but the definite information that "Mr. Depression has killed himself, the doctor said so." An inquest was held and it was found that the patient had died through natural causes. The doctor was much blamed for giving on the spot what was considered by the deceased's friends to be his actual and final opinion, and he was never forgiven, though he had changed his mind after the post mortem and had given his final conclusions at the inquest that death was due to natural causes Hence it may be seen from such a case how important it is for a practitioner to abstain from making any remarks or giving opinions too soon. He should pacify relatives and make himself as hopeful and pleasant as possible, even when there are dark suspicions; he should do no more than assure everyone that every light will be thrown upon the occurance at the inquest.

Relatives of the deceased always hate the word suicide, and will exercise all sorts of pressure upon a medical man to convince him against his will—or even to make him suit his evidence to the verdict they desire. Therefore the very best attitude for a practitioner to adopt in all cases of "found dead" is one of strict reserve. He had better carefully express himself as hopeful that "everything may turn out quite satisfactory"—which may mean anything, according to the party requiring satisfaction. It may be found that there is no stain on anybody's character, or the finding may necessitate the adjustment of the hangman's rope: in the former event few could have reason to complain, and in the latter the law at least will be satisfied.

In all criminal cases the strict truth is always the safest and most comfortable thing to tell, after all. As regards the other

thing, though it may be very white and nice looking, and may occasionally serve those concerned very well, even in its whiteness it may appear legitimate to use in a particular case, it must not be forgotten that in pleasing one household a practitioner may shake the faith and good opinion of a whole neighbourhood. Yes, the truth is the best, safest, and easiest to tell—taking everything into account, in all the affairs of men—medico-legal ones included. The worst predicaments I have ever witnessed in life have arisen through perversions of truth, given in perhaps well-meant evidence. Some argue that wrong might be done that good may come, I know; but for a doctor, all things considered, the truth is the safest. Not only is telling the truth the best policy, it leaves nothing for a conscience to mourn over afterwards, nothing to regret or worry over. Truth feels right, all the time.

I have been called up to many cases of "found dead" in my time, and I have come to the conclusion that it always pays to take very full notes and to "get up" the case well before the inquest, no matter how simple the circumstances may appear to be. I was in the habit, as a young general practitioner, of making all preparation for inquests that were called for without any delay whatever—immediately after seeing the case, if possible—and if I had to get up in the night Iwould return home and remain up until I had every possibility, and every question likely to arise over the case, dotted down on paper for use. I would make full reference to books if any point did not seem quite clear. That which is soonest done is easiest and best done, with regard to the collecting and collating of inquest evidence. I never think it wise to attend in order to give evidence in any court without notes. never safe for anyone to trust solely to memory under such circumstances. Besides, I have found note taking by far the easiest, as well as the safest and surest, way of going to work in the end. Even if you are eminent, be careful!

A medical practitioner would do well to bear in mind possible legal actions arising on account of injuries or states of health, in all cases where the history reveals the fact that another party or others are concerned in the causation. Sometimes patients will consult their medical adviser with a view to gleaning information from him as to the advisability of legal action being taken, while they do not explain that this is the main object of their visit, and give no definite reason for wanting to know this, that, or the other about their case. will ask for an opinion, and if the doctor be unsuspecting he will perhaps give a very definite one; then the patient will ask him if he is prepared to draw up a report of the case in writing or to give evidence in a court of law. It is better, therefore, for the doctor to ask such a patient what he or she wants information for first, and whether any action is contemplated; not that the doctor will give different opinions according to the intentions of the patient, but he will express himself more formally and specifically if an action at law be contemplated.

Let me give some sequelae that may possibly occur in connection with a case, by way of illustration, which show that a practitioner, though fairly on his guard, may be led into a very troublesome situation. A patient may relate his version of some affair or other to a doctor and assert that his wounds were the result of a quarrel. He may at the same time suggest to the doctor that a knife was the cause of certain cuts, eliciting the opinion from the doctor that the wounds certainly looked as though they had been caused by a knife. Then the patient may ask if the doctor will give his evidence in court. The doctor may consent, not knowing in the least what were the circumstances surrounding the case and what the evidence was for the defence. be shown at the trial that the patient and prosecutor had merely been knocked over, and that his head had come in contact with a spicule of flint or a projecting nail, and still

further, that the assailant had no knife in his hand or even in his possession when arrested. Where does the doctor's evidence come in in such a case? It very commonly happens that a person assaulted in some way, and thus greatly chagrined, magnifies the assault; in his anger, he may even fabricate the method by which a wound was made, simply in order to be certain of his assailant's conviction, thus going to work on the understanding that if one wants to be certain of a severe sentence, it is better to make the case out to be very much worse than it is.

A doctor had better learn both versions of an affair before he commit himself to statements that may be required in a court of law. The case may go disagreeably and damagingly against him if he do not. He may imagine that the patient would not be likely to fabricate: but before he vouchsafe even a casual opinion, where the causation does not appear to be absolutely clear, he had better make further enquiries and find out what someone else's version is, if possible; thus he may be able to substantiate his opinion to his own and his patient's advantage, to the triumph of truth.

There are some men who make a practice of suing for heavy damages after trifling injury, as we have seen in the chapter dealing with troublesome cases. One man I remember came to me suffering from an injury to his ankle, and he wished me to draw up a preliminary report to give to his solicitor, with a view to taking action. The man's version of his accident did not seem quite clear and straightforward, so I refused to commit myself. A short time afterwards he was convicted for attempting to obtain money by false pretences of a similar nature, and it transpired at his trial that he had made another attempt sometime previously on account of a trifling injury.

A young medical practitioner should be most careful re-

garding the granting of certificates and the drawing up of reports or affidavits. A man employed as clerk in a bank once got a certificate from a doctor stating that he was suffering from some illness, and feeling secure with this he forthwith went to a sea-side place "on the spree." His spree included the imbibing too freely of strong drinks, and he remained so long away that inquiries were made. It was far from pleasant for the doctor when it was found out how that young man had been spending his time.

It is unfortunate that doctor's certificates are by no means always viewed seriously in courts of law: they are very frequently accounted absolutely worthless. Now, as much as I would wish to defend every member of my own profession, I cannot blind myself to the fact that such opinion has arisen on account of proved instances of worthlessness. One would not say exactly that certain doctors have deliberately given false certificates, but that they have been deceived and fooled is beyond any questioning in many cases.

I bear in mind at this moment the case of a mother who came to me very late one night several years ago imploring me for a certificate, pointing out that her son was in bed suffering from a boil on his buttock and that he was unable to attend business next morning. The mother seemed quite honest and Nor did she appear to think that she was making at all an unreasonable request. She simply explained that she knew it was too late to ask me to call and pay him a visit, and asked me if I would call the following day. I asked her all about the boil, where it was, and when it commenced. All seemed clear. But I refused, after being very much tempted. I said I could give no certificate without seeing the case, in spite of her protestations and the apparent reasonableness of her request. She said she must have the certificate to put in the late post. I arranged to call on the son the next day and found that the woman had given me a false address. I therefore came to the conclusion that though she wanted the certificate there was no such condition existing in her son. further concluded that she must have wanted to save him from some awkward situation if she could. Of course I never learned the truth of the case; but I could have imagined the young man to have been one who had intended to borrow his master's money, with a view to going to the Derby, promising a woman—who was not really his mother—that he would return at night with twice the amount if she would pose as his mother and get a doctor's certificate to explain his absence from his duties. She might have believed all he promised, and that he would have been able to return the money he had taken from his employers. But he might have lost all and never returned home. His books would then have been examined, and the doctor's certificate looked at a second time. Such an occurrence might ruin a medical practitioner. Therefore irregular certificates of any kind, however slightly false, or however well-meant, should never be given under any circumstances.

Let me give another instance. A valuable witness in an important case, required to give evidence, was said to be lying dangerously ill at a seaside place. It so happened that I had attended the man for an illness a short time previously. So his friends called upon me, asking if I would sign a certificate to the effect that he was suffering from rheumatic fever and could not attend. I refused to do anything of the kind unless I saw the man, and told them that I could either visit him or he could come to me if he could, but that I must see him. They came again, and said that the certificate was required immediately, for the court that same morning. I refused. Then one of them asked if I would write one if a telegram were sent to me by another doctor living at the sea-side place, who would examine the patient. This seemed to be a request I might consider. No: I would not even under these circumstances, because such a telegram might be forged, and, even if genuine, I could not sign the certificate. Would I sign if I received a telegram stating that the man had started for his journey home, having left by a stated train? I still refused, even though I believed it quite possible for him to have been seized with another attack of his old rheumatism, that he might be in the train, and that I should soon see him in the flesh. Even if he had entrained he might never have reached home. I lost a big offer in money. But I knew my man: he was perfectly well all the time.

CHAPTER XIII

CONSULTANTS AND SPECIALISTS

A consultant is one who is either understood or known to be capable of giving further, or higher, advice. What he ought to be will be indicated rather by a consideration of what he ought not to be. The word understood is used advisedly, for there is both a professional and a lay understanding as to what properly constitutes a consultant. Some relative or friend of a patient may have an immense opinion of an ordinary general practitioner for some reason or other, and may strongly advise the patient to call him in as a consultant. Again, a practitioner may have obtained a spurious reputation; he may be a quack or a homeopathic doctor, a man who has been much talked about by many because he has been thoroughly believed in by a few, for some reason or other; not entirely because he is a man of great ability as a physician or surgeon, but because he advertises and is advertised. It is quite possible for a man to have a "good name" and yet have no ability worth speaking of as a physician or surgeon. Take bonesetters, or unqualified charlatans who claim to be able to cure all deafnesses, for instance. They get their good name from a very few cases they happen, by the very simplest means, to be successful with, out of the very large number who consult them. They get testimonials from these few and advertise. There are people who imagine that Christian scientists are the very best consultants and specialists on earth—men who are not scientists in any sense of the word.

I have used the word "imagine" in the explanation of my definition; for there are some people who will desire the opinion of another man merely because they imagine he must have one worth obtaining—say, for instance, because his brougham looks smart and he appears to be a more important man than some other doctors. I am personally acquainted with more than one medical man who owes his success more to his driving outfit and fur coat than to anything else.

The word "known" in my definition is hardly necessary to explain. Most consultants are men whose names are nearly household words amongst members of their profession; who have earned their good name by years of excellent work and by the accumulation of repeated credit; men about whose capabilities any doubt whatever is at least a great exception; men whose whole career and professional integrity will bear every investigation.

I apply the word "further" before advice, for merely confirmatory advice may be required, to give encouragement or final conviction to the patient or friends. A man may not always be able—nor may he be invariably expected to give higher advice; it may be that no higher advice could be given, in a certain case, than has already been given by the usual attendant. And a consultant, "understood to be capable of giving higher advice," may even himself know before he visits a case that he cannot advise any better, having heard particulars. It is merely another opinion that is required in a good many instances, therefore, so that friends and relatives may be satisfied, and so that it shall appear to everyone in any way concerned that there has been no want of skilled attendance.

Practitioners are sometimes nominated as consultants under a simple misconception. Very often people will express a wish that a certain doctor should see a case, and give his opinion, even when the majority of those who know him, including members of his profession, understand him to have a professional standing *lower* than the ordinary attendant. Common report or gossip often leads to wishes being expressed that a particular practitioner be called in, who may possibly have, not only lower qualifications, but no degrees or diplomas at all, and his actual abilities may be of an inferior order as compared with the family doctor, in the opinion of those most capable of judging—a herbalist, for instance, who puts deceptive letters after his name.

A specialist is one who is either understood or known, to be capable of giving further, or higher, advice concerning a particular kind of disease. The same explanations may be applied to this definition as have been given to the term consultant; nothing further is necessary. The specialist is a consultant limiting himself to a certain branch or branches of medicine or surgery. Consultants and specialists may be either surgeons or physicians, the former generally being men who are prepared to undertake the necessary operations they advise.

But consultants may even be physicians and surgeons at the same time. The leading general practitioner of a provincial town, for example, may be recognised by the people of the neighbourhood as a consultant, acting over any of the other practitioners, and being accepted as such by them. Such a consultant may advise an operation to be conducted by another more eminent consulting surgeon, in a surgical case. Therefore there are consultants above consultants.

Consultants are usually either physicians, pure and simple, or surgeons. This even the laity would expect. A really eminent general consultant, who will be called by general practitioners as often for surgical cases as for medical, is uncommon; but I know of several instances where individuals of the laity have consulted eminent surgeons for nonsurgical complaints, hysteria, for instance—such is the misunder-

standing of many of the laity when not guided by their own ordinary medical attendant.

I have decided to include in my list of consultants men whom certain individuals of the general public show an inclination to follow, but whom orthodox practitioners do not countenance or recommend, because so many of the general public do not know the difference between an orthodox consultant and either a quack, a homeopathic practitioner, or a Christian scientist. The quack consultant is a man slowly going to extinction, it is true, and perhaps he need hardly be considered; but I do not hesitate to refer to him as being a consultant because he is still sought after to some extent. No properly qualified and self-respecting doctor will have anything to do with him. He exists in the country districts as a bone-setter or medicine retailer. Though he may be highclass as well as low: he may be a Count Mattei. I have chosen to refer to the quack because he is supposed by many of the masses—and even by some of the higher classes—to possess a higher knowledge regarding certain diseases than properly qualified practitioners.

It is not at all necessary for me to remind the reader that quacks of any order whatsoever should not be countenanced in the slightest degree by orthodox and properly qualified practitioners; and the doctor should take his leave from any patients or people who should insist on seeking any quack's advice. As a rule they are vulgarly fraudulent. You may possibly find a sincere Christian scientist practitioner; but rest assured that if you do find sincerity and method you are sure to find some mania with it in these practitioners, and do not be surprised if you find the whole business to be well-dressed or religiously disguised charlatanism in all instances.

Orthodox medical men may not like to hear their name mentioned in the same breath with unorthodox, but am I not bearing in mind that qualified medical men have worked in conjunction with unqualified men, "covering" them-at any rate until quite recently? There were spurious consultants innumerable in the days of the unqualified assistant. wretched unqualified individual would come into the possession of a squalid practice and engage a qualified man to join him. In these instances the unqualified man would attend to cases as far as he could, and then refer to Dr. Coverer as being a consultant of great ability. The latter would see the case when things looked serious. Here was your baser consultant. Nay, more, I once knew an unqualified assistant—engaged as such by means of advertisement—to eventually act as consultant over his "chief!" was an older man than his employer, and had a more imposing appearance. The people believed in him greatly, and his "chief" got a good return for the very large salary he was able to pay him.

The young practitioner of the future, as well as the public, may well profit by instruction as to what has been, what is, and what may be possible again. It may appear strange, but it is quite possible for a young medical man to be ushered into the presence of a quack and not know it. Let me give I once met a man in my younger days, an example. introduced to me as Dr. Smith, who had been described beforehand as an old friend of the family, while I was attending a patient in a house. He appeared to be nearly old enough to be my father. We fell to talking about the case. He had really been quietly asked to come and meet me at the time I usually visited, so that we might confer together. At first I supposed him to be a qualified practitioner who was a relative, and it was only after turning to the register when I got home that I found he was not a qualified man. The people of the house, anxious to conceal anything about the man that might raise my objection, kept insisting that he was such an extremely clever man; they were ready to advance

any argument in his favour in their anxiety to have his opinion. They only knew him-I afterwards found out-on account of some reputation he had acquired as a talented religious-preaching local herbalist. After thinking over the matter, having found out who the man was, I decided to make myself quite amiable to him on meeting him the next time. We met over the patient again—not by appoiniment; he had been told when I should pay the next visit—and I readily consented to discuss the case with him, merely because he was a friend—or said to be a friend—of the family. really desired to converse with him again in order to punish him. On this second occasion I made a point of theorising and mystifying him as much as ever I could; I gave quite a little clinical lecture at the bed-side in front of the patient's friends, using words which neither he nor those around could understand. I did not permit him the smallest interruption nor the slightest reference to the case. I smothered his monosyllables in long sentences and bore down his weak interjections by stentorian epithets. Then having reduced him to the limpness of a rag, to the increasing astonishment of everyone around, I delivered my peroration. "Only years of hospital study can make a doctor, my dear sir. To arrive at safe conclusions as to conditions and treatments it is necessary for a man to have scientific training. There can be no knowledge worth anything that is not scientifically and honestly acquired. People may dabble in subjects and imagine they know a great deal, and some may pose as clever men, but a quack will not easily get the other side of a qualified medical Now, my friend, understand me; I don't ask you to learn anything from me, excepting my opinion of you, but I hope you will not attend here to teach. We shall be pleased to see you, but I cannot meet you as a medical practitioner. Good-bye." I scored: the herbalist came no more; and my case got on well enough.

I believe in talking calmly and cheerfully to patients and the friends of patients who have confidence in quacks; it is much better to do so than to get cross with them. I think that some good may often be done in this way. A little chatty reasoning with such people will often work wonders. To push them aside, calling them names, and expressing your detestation often merely encourages others to believe all the more in quacks, and leads sympathisers to show even deeper appreciation for their practices, while a few guarded words on humbug in general may act like magic, as will also some well-placed and well-appointed aphorism on the subject of an ignorant credulity "on the part of some people."

I think that it is good policy not to go "into a temper" or to refuse to speak to believers in quackery, and no sort of retaliation should ever be used even in an aggravating instance. If the people see a doctor is cross, and not able to speak calmly, they may imagine he is being "beaten." The anger which the public may observe doctors get into when they hear the name of quacks will often be put down to sheer jealousy, the quacks being consequently thought all the more of.

Homeopathic doctors, whether ordinary practitioners or consultants, are, generally speaking, qualified quacks or charlatans. I say "generally speaking" advisedly. I do not say that quite all are of this character; but I believe the majority to be, and I do so because I have not yet met, nor have I even heard of, a homeopathic practitioner who did not exercise dishonest and shifty methods in some degree or other. Homeopathic doctors are referred to once again, in this book, because they are often desired by patients to attend as consultants, and also because it is not always clearly understood by orthodox practitioners how they ought to meet them—or whether they should meet them at all.

It is scarcely necessary to refer again to those doctors who occasionally act as consultants, men who are really general

practitioners of mature years and advanced wisdom, first-rate all-round practitioners and the very best of professional men, who deserve any success they attain, who have worked hard all their lives and studied all the time. I will pass on to a consideration of consultants of the first order. These are for the most part drawn from the ranks of men who have gained deserved reputations from the beginning of their professional studies, as students even, distinguishing themselves, and who have continued to display abilities above the average. Such men obtain the higher non-resident hospital appointments after passing their professional examinations. They succeed sooner or later in obtaining a standing that is unquestioned, and in time their status and power is beyond doubt in the eyes of their professional brethren.

There are exceptions of course; not all distinguished students make distinguished consultants. Men may become known comparatively suddenly, by their writings or teachings, as the case may be, never having had even a chance of ascending by the ordinary steps of the ladder. Some comparatively unknown men make noteworthy discoveries, or succeed in very difficult operations, and so leap into higher recognition. There are many who proceed to ordinary practice with no idea of ever becoming consultants, who intend practising modestly and humbly from the very first but who become consultants notwithstanding. Yet again, there are a few who, from the first, intend practising both in a general way and as consultants also, with a view to practising as consultants exclusively in the near or distant future. Thus they will sometimes conduct a general practice in the suburbs and at the same time do special work in town with a view to pursuing consulting work alone eventually. And a very good plan this is for those who can scarcely afford to wait until guinea fees come to them thick enough to pay for a West End address. is one thing, however, which prevents a large number of would-be consultants from adopting this plan, and that is the regulation attached to most hospital appointments of importance, to the effect that candidates presenting themselves must only be acting as consultants—or must be waiting as intending consultants—and must not be engaged as general practitioners.

It is a question whether the work done by medical men at hospitals, from the assistant residents to the first surgeons and physicians should not be paid for. Why should they work thus for nothing any more than curates and bishops, or law clerks and solicitors generally? Some say they get experience in hospitals, but so do members of other professions all the time they perform their duties. Do barristers and parsons work on behalf of the poor, accepting the highest legal and clerical appointments, for nothing? Do nurses work for nothing in hospitals? Medical men give their services in order to compete against others; it has become a custom with them to give an immense amount of their services, both in hospital and privately. Let those who might wish return their salaries into the poor box, but poor, struggling, hard-working, pale-faced young resident doctors should at least be well paid for the duties they perform in hospitals. There is not enough esprit de corps or union for common interest in the medical profession, or all medical men would insist on being properly paid for work done. Why should doctors work many years after passing all examinations for absolutely nothing, not being able to reach the position of consultant by any other means? It just happens to be the custom! And why is it likely to remain so? Because consultants themselves at present possess the greatest power either for reform or maintaining the status quo: they are not likely to introduce advantages for the younger generation of consultants which they themselves never enjoyed. The established consultant will first look after himself; and I can hardly blame him for it.

Hospital appointments unquestionably make the consultant, but it is a great question whether they give aspirants the best opportunities for attaining good positions as consultants in all instances. The number of men—not always young by any means—who do not succeed as consultants is surprisingly large—good and clever men. I am of opinion that many such would have done better if they had conducted practices in the suburbs first. They would have earned a living while they acted as clinical-assistants in town. Thus they would also have kept up their general knowledge. Many young consultants seem to imagine that their appointments alone will make them. Appointments may possibly do so, but not necessarily. I know men who have good appointments and yet cannot get enough patients to live upon—whose style or general knowledge has been faulty.

Here is an object lesson. One of the most successful young consultants in the West End of London at this moment of writing, a man only yet in the early thirties, studied a special subject in town while he conducted an ordinary general practice in the suburbs. He simply attended a London hospital for an hour or so daily, as clinical assistant. Soon he sold his general practice, one he made himself off his own brass-plate, and now he has a full waiting-room every day and is verily coining money as a specialist only. Such cases as these teach us lessons, my reader. Here is a man who did not intend to be narrowed down to one thing only at first. exercised his general knowledge for a few years, and later on brought it to bear with telling force and effect in treating special cases which he had studied particularly. Now he can score with ease in his practice as consultant, while much older specialists in the same department make mistakes very frequently. This man could not possibly be called an inferior back-door specialist, just because he worked as clinical assistant while he acted as a general practitioner elsewhere.

Here, we see, a specialist of the first order beating older men of greater name, hip and thigh, daily, at their very own game; for he has sound general knowledge as well as special.

As to those working only as clinical assistants, waiting and striving to get appointments, they are numerous. Hanging around hospitals, dabbling in special work and forgetting their general information: constantly on the heels of senior members of staffs, cringing, fawning, sneaking about, with carefully pronounced sirs, for seniors—some of these men irritate me, with their careworn, disappointed countenances, and their hopeless general knowledge! They would have been better working as general practitioners with a view to distinguishing themselves. They cannot properly afford to give their services year after year, until at about forty years of age they begin to earn a few pounds. For years some of these men persevere, accumulating a little on narrow lines, but degenerating broadly. They may get a paying appointment worth having at forty some of them, and a consulting practice that will bring a balance at the bank at fifty. But what a struggle!

The very best consultants sometimes make mistakes over cases, and give a wrong judgment. Having had interesting examples given to me by general practitioners, to place beside a few that have occurred to me in my own experience, I am in a position to point out—after studying the question from all points of view, sifting circumstances and testing evidences from which to draw facts—that when consultants make mistakes it is on account of their general knowledge having slipped away from them, as a rule, or because they have never in their life made themselves sufficiently acquainted with all kinds of diseases and idiosyncrasies. As a general practitioner I was once asked by a friend who was a specialist if I would see a case which puzzled him—not that the patient's friends understood that another medical man would be called, for it was merely explained to them that a friend had come to see an

interesting case. The patient had been treated by my specialist friend for many months unsuccessfully for an abdominal condition. He wished me to take the case as a general practitioner, to see what I could make out of it. He frankly and honestly admitted to me that his treatment had failed, and further volunteered the observation that so much concentration over one set of diseases in one region had made him "rusty" in general work. He opined that "perhaps the patient might have something else the matter with him, which complicated or gave unusual results." I found phthisis, and a cavity in the lungs.

In another case, seen under similar circumstances, there had been chronic kidney mischief which had prevented a local condition from yielding to the specialist's treatment. I could give other similar failures on the part of consultants. Even quacks have scored over consultants in some instances, simply because the latter have known everything about one region of the body, and have not been able to take into account some simple condition which has provoked or exacerbated the main trouble: the quack may have treated some simple condition successfully by mere accident; he may have merely desired to improve the patient's general condition somehow, even if he could not do the chief complaint much good—and improvement all round has resulted.

The reader must not for a moment suppose that I am taken with a fit of professional anarchism in this chapter. I am not going to end it with "Down with consultants!" I merely point out that while the majority of consultants are well worth the name, and quite reliable, there are many who are too narrow in their minds and limited in their methods to be trustworthy; and the great general public also observes this to a very great extent. Bone-setters have always derived much reputation from the fact that so many general practitioners and even specialists have known very little about mental therapeutics.

Surgeon-specialists will perhaps find that the bones, in a certain case, have nothing the matter with them, and that the joint is normal; and they will give something to put on, enjoining either rest or exercise, as the case may be. Should the patient derive no benefit from such advice, a bone-setter or quack may be consulted, who hurts the patient and talks to him, convincing him that he is henceforth a new man. And the patient goes his way cured and rejoicing. If necessary, the quack will simply force the patient to walk at first, by combined mental and physical means, proving to him that he can do so if he likes. Sometimes the patient is literally chaffed or bullied into activity.

Let me mention another case which conveys its own lesson. A patient once consulted a specialist on account of a throat spasm. She derived no benefit whatever from his treatment, which was most elaborate, and included the bare injunction, "Take care of what you eat and drink." She paid special attention to most of the careful instructions regarding inhalations and what not, after sundry "important" operations about the nose and throat had been performed, but was hardly likely to know what, "Take care what you eat and drink," might mean.

The specialist had not distinctly specified what her food was to be, or when or how it was to be taken. He did not know. He was a throat surgeon pure and simple. The patient got no better. In despair she was persuaded by her friends to visit a general practitioner not far from the district she lived in, who was spoken of by a neighbour as being "a very clever man." "Let him see what he can do for you," they adjured her. This man cured her from the very first consultation. As she told the neighbours afterwards: "I have never had an attack since the first time I went to him twelve months ago." One day, I, myself, obtained particulars of the case from this general practitioner, in confidential conversation, having heard of the instance, and he told me that a

simpler case he should never wish to have. The spasm attacks occurred generally, but not always, during the small hours of the morning. He ascertained that she generally had a "bite" of supper with her husband when he came home at twelve at night—he was a newspaper sub-editor—and that she "merely had a little cheese and beer" to keep him company. The general practitioner simply told her never to eat supper after 7.30, her digestion not being very strong, and to let it always be a light one. At the same time he gave her medicine merely to satisfy her. It was therefore the nature of her food, and the time of taking it, that should have been first rectified by the throat specialist. Instead, however, after failing to cure her by operation and elaborate local treatment, he had told his patient that he considered there must be some subtle gouty or rheumatic history in the family to account for her seizures, and, at one stage, he had even made her worse by recommending colchicum, acting as a physician in despair.

To illustrate how consulting surgeons may fail, and how qualified homeopathic quacks may occasionally score over them, I cannot do better than give the following instance:-A woman suffered from swellings in one breast: she consulted a specialist; he advised operation, which was performed. had previously told her that such lumps often turn to cancer, even if they are not themselves the early stages of cancer. The woman discussed her case with other women afterwards, who had had breast troubles themselves—it is astonishing how quickly such sufferers find one another out—and she told them she had heard the nurse say that there was some fluid in the lumps, and that the doctor had taken some away with him to examine. Now, fluid had also once been drawn from a lump of one of this patient's friends, which the doctor had told her afterwards proved the lumps to be harmless cysts. Later on, the first person referred to as having been operated upon, developed more lumps, similar to those she had had before, and now she decided with her friends not to go to the same specialist but to be treated by a homeopathic doctor who had recorded cases in some cheap pamphlet of "cancer and all lumps in the breast treated without any cutting." She dreaded the knife again, and readily consulted the homeopathic man. He simply drew off fluid and told the woman that she need never have had her other breast taken off.

Homeopathic doctors very frequently score over consultants and orthodox practitioners by merely giving a large number of pilules which really have no effect whatever, and by remaining in attendance for many months at a time; thus they are able, by their own peculiar humbugging methods, to keep the patient going until the ailment or disease has simply cured itself, receiving good fees over a long period. Some of the most sensational cases have come before my notice in which a cure has been effected simply by time, but which has given a homeopathic practitioner a name to conjure with. Do not forget that homeopathic practitioners are many of them clever They are clever in the mere handling of patients and in securing influential support: they are extremely clever in the way they make cases spin out for months which should have lasted only days, the patients being quite satisfied and convinced all the time of their eminent professional abilities.

It is common for consulting surgeons to recommend strumous glands in the neck to be cut out, and for homeopathic practitioners to advise a prolonged course of internal medication and no knife in the same class of case. Now, the latter will recommend fresh air and a healthy routine, and will very often heal the running sores in consequence. Thus again will the homeopathic practitioner often score over his allopathic neighbour. And in this instance it is only fair to say that he deserves to do so. It will not matter whether there is any future breakdown or not, in such case the homeopathic practitioner will merely advise a repetition of the use-

less pilules for a few months and will give the same general directions as often as he is consulted. He will again effect a cure "without the knife." Some mothers have a horror of the knife and will therefore have cordial leanings towards a man who declines to use one. The truth is that having an operation, and the general health treated at the same time, is the treatment which will probably give the best results.

The relationship which should subsist between a consultant and a general practitioner is an important subject to consider, and the fact that there is so much difference of opinion shown by both, as regards the attitude they should assume at certain conjunctures, gives interesting testimony of the amount of uncertainty regarding ethics pervading medical men's minds generally, notwithstanding the much-talked-of, but really ridiculously flimsy and inadequate, etiquette that is supposed by the laity to rule. One might expect to find those occupying the higher positions in the profession to be as one in their opinions and practice, and unvarying in their conduct towards their inferior brethren, adopting on all occasions a set of rules that were as the laws of the Medes and Persians. But, alas! things are not so. Generally speaking, if a consultant be asked to see a case by a general practitioner, the former will act courteously and quite properly towards the latter, as he ought; and he will be only wise in doing so if he values further recommendation. But I shall take this opportunity of strongly condemning the conduct of certain consultants with good professional names but employing unscrupulous methods withal. One ought to have a perfect right to expose the conduct of certain individuals who give advice to patients who have broken loose from the suburban or provincial-general practitioner in order to obtain their advice: the best of consultants would themselves wish that the malpractitioners in their ranks might receive some castigation. If I did not possess the true details of several cases which demonstrate the unprofessional, and

even despicably mean, habit of running down general practitioners when any favourable opportunity presents itself, shown by some consultants, I could not have believed that men of such standing would stoop to play so low. I can understand young struggling practitioners, hungry for patients, and angry, making a few ill-advised remarks in their lean eagerness for a small success, but I despise men of the first-class who stoop so low as the following instances indicate.

A suburban patient had been suffering for a long time from indigestion, and had been troubled with vomiting and inability to take proper food. Her medical attendant understood her well, and had studied her case for some time. He had told her and her husband that he attributed her condition to trouble and worry in attending to business while she had household duties as well. He advised the patient that she was overworked. Being of rather a neurotic disposition she could digest nothing, unless she could have a week or two's rest from home worries; then she became perfectly well. This had been demonstrated several times. On innumerable occasions she had been treated by her local attendant with the greatest care and skill, and the change and rest of a holiday which he always urged quite restored her each time. But some of her friends did not like the return of the symptoms soon after she returned home again to worry and work. They thought that "this state of things should not go on any longer." The medical attendant had told her husband that the only permanent benefit she could derive would be from giving up her business work altogether, and the hardest of her domestic duties also. This advice was taken no notice of, for her services were very valuable in the home and business. Therefore, unknown to the attendant, a consultant in London was visited—one of the very first class, remember, who had filled an appointment at one of the largest hospitals for years, and whose name was almost a household word in the pro-

He told the woman that her condition was most serious, and also asked her what her doctor had said was the matter with her. She replied that she thought he had considered it "nervous or worry dyspepsia." He told her to go home and go to bed for some weeks, for she had an internal ulcer growing, and he also suggested that her doctor must have been very careless and ignorant regarding her case. He piled it on by adding that she had "just come in time" a thoroughly hackneyed quack phrase. The result was that the patient was terrified, went home and to bed; all her friends were naturally incensed at the medical attendant, and the case was talked about in the neighbourhood a good deal, to the latter's disadvantage and undeserved disgrace. woman had not vomited a drop of blood until the very day she went to the specialist, who had diligently and maliciously sought out the kind of verdict that might best be calculated to create ill-feeling between the attendant and patient. The first medical attendant knew that the patient might ultimately develop an ulcer, but until the appearance of blood he felt he could not exactly give the full intimation that an ulcer existed or was forming. The consultant and the attendant were absolute strangers, and there could therefore have been no previous animus existing between them. The woman of course took home the story of what the London specialist had said. He had told her that "there was something growing inside."

The above is a specimen of some consultants methods, and it shows very clearly that there is something rotten in the state of the profession, not only as exemplified in the method of the East End but in the West End also. We want union therefore—a combination of strong and healthy forces. We want a proper tribunal to appeal to, and a governing body in the profession, not, if you please, selected from the scientifically eminent only, from consultants and specialists chiefly,

but one fairly representing general practitioners also. Certain malicious and venomous consultants would then have to alter their ways or be "shown up." I am not going into print with an exposure of the vices and iniquities of the lower order of practitioners without making the reader, the general practitioner, and the consultant also, somewhat acquainted with the mean and mischievous methods adopted now and again by the last named.

At present we have no remedy except the correspondence columns of our kindly disposed medical journals. We can air our grievances there, any of us to a limited extent, it is true. But these journals can hardly do no more than they have done and still continue to do. We doctors ourselves must gird our loins for battle. We must unite against the enemy of disorder and irregularity which is present in our midst. I can assure the reader, whether he be consultant, reviewer, or modest practitioner beginning—or even patient—that I merely have an honest desire to see the condition and prospects of our profession improved. I am bold enough to intend that this book shall make and work for better times for the medical profession in more than one respect. I am not going to hesitate before consultants any more than I shall disregard the feelings of the doctor of a fourpenny dispensary. I want to ameliorate the lot of medical practitioners of all kinds and classes, and I desire to see the whole profession raised in status before the public.

I should be sorry to lead the reader to believe there are not the very best of men to be found acting as consultants—men whose consideration and conduct towards general practitioners are in every sense exemplary. I am not going to hold up virtues that are probably the rule, and attributes that one could only have every admiration for; ten thousand voices might be enlisted at any time to sound the praises of the majority. But I can promise activity on my part to the end that we may purge the minority. For that way progress and

better times lie. According to its size and strength a minority drags down a majority, and the whole profession suffers.

Sinister methods, such as the above cases illustrate, are adopted by the consultant so that the suburban or provincial patient shall recommend him to other patients, and so that more people may lose faith in their local general practitioners and bring their fees to London. I could enlarge upon this subject but must needs pass on.

It should be an unvarying rule for consultants who are orthodox and genuine never to belittle the general practitioner in the slightest degree in the presence of the laity, unless a treatment or a conduct has been "disgraceful in a professional respect "-and even then the patients, or friends of the patient, should not receive information or instruction unless for the patient's urgent protection. Consultants should not advise patients to go to another local doctor unless there are very special reasons for doing so, and not before he has communicated with the doctor and explained why he has advised the patient to go elsewhere. Some consultants will not commonly advise patients, who have sought them surreptitiously, to engage another local doctor, recommending one who has formerly sent cases to the consultant for advice -paying a return compliment at the expense of the first All this kind of thing should be stopped, and it soon would be stopped if we had a properly representative and widely-embracing ethical and economical tribunal sitting over the profession.

I know it to be possible, in all instances where a consultant has to deal with a properly qualified and respectable general practitioner, for the former to work to the utmost advantage of the patient while avoiding the commission of the smallest offence or injury to the general practitioner. It is possible for consultants to change treatments without disturbing the confidence which the patient reposes in the general practitioner, who may

be as able as any other in the district. Consultants sometimes try to get more work by running down provincial and suburban practitioners, but I can assure the reader that they would get more work still if they could be better trusted. Some general practitioners are afraid of them, and oppose the suggestion that they should be called on this account. A consultant should never attempt to aggrandise and glorify himself at the expense of a medical attendant; he ought to be good enough to do his duty without having to resort to irregular methods of securing a high estimation.

There is a very detestable class of minor consultant which I have a very distinct right to refer to, and that is the hospital resident. The reader may well be pardoned for thinking that I am now beginning to get a little confused. A hospital resident acting as consultant? Indeed, yes; and a more bumptious and impudent consultant than a hospital resident can be it would be hard to find. Not only will this qualified tyro sometimes attempt to put the general practitioner through his paces, his dresser underling will even try the same game also! Let me explain. Nothing pleases your resident physician or surgeon—and also your dressers when they can -more than a chance of running down the general practitioner. Patients recommended to go to the hospital tell their simple stories and relate what the doctor in the country or suburbs said: then Dr. Superior Resident replies, in some way or other, that he may make the patients think how eminent they are at the hospitals. But sometimes, however, these inexperienced young men have their methods awkwardly exposed in the police courts, especially on account of mistakes made in diagnosis when patients have applied for admission!

Provincial and suburban practitioners know full well that they had better address the letter they are sending with a patient to the hospital to one of the visiting staff whom they are personally acquainted with, or, above all, to one who has acted

with them as consultant in private instances where good fees have been paid. And why? Because they might be "run down" by a stranger, while they are sure to be dealt with fairly by one who takes fees on their recommendation. Hospital abuse, indeed! Here it is, as flagrant as ever you could possibly find it. Residents, clerks or dressers, and members of hospital staffs who are not personally or professionally acquainted (fees) with any general practitioner who may be sending a case to the hospital are sometimes grossly unprofessional in their attitude towards him, in the presence of the patients, simply endeavouring to obtain a cheap and wretched credit. This fact is well and widely known, but as it has hitherto appeared treasonable or risky to deal with it, perhaps this is the first time the profession has been so plainly confronted with it. A professional regard for general practitioners is the exception among hospital resident doctors: it will not often be shown towards any medical men excepting the members of the staff under which they are serving, and perhaps a few personal friends or certain consultants of high standing: and this is hardly to be wondered at considering that hospital residents must in some sense return the compliment after being appointed. But many of these individuals are hardly responsible for their actions. They have not seen enough of the world to give them ordinary common sense and common regard, as a rule. They have only a boyish sense mixed with a certain quantity of hospital sense, and nothing more, in very many instances, and a very disagreeable mixture it is with all its vanity and vexation of spirit.

There are the very best of consultants still to be found, without a doubt; men who manifest unfailing regard and consideration for the members of their profession who practice in lower walks. But it is hard to distinguish the really honourable man from the dishonourable very often—and still harder from the clever and designing, who are strictly professional, polite,

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and in every way considerate—but only with a view. I am personally acquainted with examples of the latter, who are constantly studying the interests of general practitioners, hoping to get work from them in the near or distant future. One I am thinking of at the moment is called a "really good chap" by senior students and residents. He pats most of them on the back, calls them smart men, and tells them he is sure they will do well in practice. He has found that by this means he gets a good deal of consulting work from old student acquaintances who have in time got into practices of their own. I often wondered whether this man's expressions of solicitude for the welfare of the young general practitioners were from his heart, or whether it denoted shrewd business acumen, until I had the question answered by an observant friend of mine, who told me that he noticed that this consultant invariably asked any young graduates he conversed with where they were going to practice: if they mentioned Scotland—his own country—he had a high opinion of their abilities and qualities; if they said England or the colonies he had no further interest in them.

I am bound to bear firmly in mind my space, and cannot deal with the subject of consultants as fully as I should wish; therefore perhaps the reader will pardon me if I merely give an illustration of the kind of conduct an ordinary medical attendant may have to submit to at the hands of a "leading specialist" without making any comments thereon. The following communication was addressed to the Editors of the Lancet:—

"Sirs—About two months ago I sent a patient to a leading London specialist for operation. Last week I met him (my patient) driving through the town. Enquiring whether he was just arriving back from London he informed me he had come home a week ago. Also that Dr. B. had sent a nurse with him to continue the treatment. Surely, it was not too much for me to expect that Dr. B. would advise me of the patient's return, and at the same

time give me some notes of the case; but what do you think, sirs, of his sending a nurse with him to continue the treatment to the exclusion of the ordinary medical attendant?

I am, sirs,
Yours faithfully,
An Ordinary Medical Attendant.

Sept. 26th, 1899.

I may mention a trick which one general practitioner sometimes plays against another, which depends for its success on the relationship which subsists between the two and a consultant. Make a study of the three men in the following situation: A second general practitioner is called in to see a case which a certain general practitioner has had in hand for some time, and the friends request the continuance of attendance of the second He, wishing to make a sensation, and desirous of aggrandising himself at the expense of his diminished fellow practitioner, propounds new theories regarding the nature of the case. Having by this means created astonishment and anxiety, on the part of the patient and friends, he recommends a consultant to be called in—who, of course, is a friend, and a man who has acted as an accomplice on other occasions. consultant with eminent emphasis confirms the diagnosis of the second attendant and approves fully of his treatment. not hesitate to remark that this is as wicked a procedure as any I know, and it is, comparatively speaking, not altogether an uncommon one. Only rarely does the first general practitioner, after retiring from the case, learn what further trick he has been the victim of.

But amid all this, as between medical attendants and consultants, orthodox and heterodox, where does the unfortunate public come in? What a game of cards over dying bodies! While doctors are differing humanity goes on groaning. Could there not be a better organised profession having charge of the common-health?

CHAPTER XIV

MEDICAL ETIQUETTE

Whole books have been written on the subject of medical etiquette and ethics—the conduct of medical men towards their professional brethren and the laity respectively; therefore I shall only refer to a few points that have been particularly interesting to me in my experience, points which appear to have been somewhat neglected by previous authors.

Medical etiquette has caused the death of a good many people. The reader may possibly pause here a moment and think, "How true that is!" but allow me to make the further observation that the laity would suffer much more if there were no such thing as medical etiquette of any sort or degree. Patients or their friends will often be afraid to make suggestions to their doctor for fear of offending him, because at some time or other he has met perhaps a very reasonable and sane suggestion by the reply that "it would not be according to the strict rules of medical etiquette" to do this, that, or the other. The truth is, that the general public is protected from charlatanry, and even crime, on the part of irregular practitioners, by this very medical etiquette which is so Still "Strict rules of medical etiquette" is an ridiculed. expression that has always amused me as well as the great general public, and I have ever had the greatest sympathy with those who have clamoured for explanations as to what the "strict rules" were. Not one doctor in a dozen knows

what they are. They certainly are not-all of them very strict: they could not be. Only laws are really strict. There are very few rules governing the medical profession which could bear the adjective strict, and nearly all do not belong to the medical profession only, but are such as would be applicable to any profession or business. Take this example, that a doctor shall not attend a patient whom another doctor is attending without either the latter's invitation or acquiescence. This unwritten law prevents patients from calling in another doctor unknown to the one already in attendance; for the second doctor, bearing in mind the etiquette, will ask if another has been, or is still, in attendance. A patient might see no harm in two medical men attending, the attendance of the one unknown to the other, until it is explained that doctors differ and it is not wise for a patient to have two disjointed opinions and treatments. This is hardly a matter of medical etiquette, therefore, but rather a matter of simple common sense, that might apply to almost anything.

Medical men can do the best work on behalf of their patients when working either alone, or together and in harmony. If there be discord a patient's life may be in jeopardy. When doctors differ, as they are sure to do if attending the same case separately, then the last state of the patient is likely to be worse than the first. Doctors must be friendly towards one another when considering a patient, if the patient is to derive full benefit from their joint advice. Medical etiquette conduces to this friendship, and is therefore of the greatest value, not only to medical men themselves but also to patients. Medical etiquette is too often considered to be nonsense by individuals of the laity; but it is really a very powerful and very valuable force acting in the interests of all concerned.

A keen barrister friend of mine recently made an effort to get out of me some elucidation of the mysteries of medical etiquette. He asked me if there were any freemasonry sort of secrecy about the thing, and if only medical men were allowed to understand it. Absolutely irrepressible, he had gone forth to search our medical library for information. He brought me a paragraph taken out of the very latest book on Medical Etiquette, written by an eminent consultant for the guidance of doctors, and asked me to explain it. The paragraph belongs to a chapter dealing with the relationship which should subsist between a medical attendant and a consultant while they are together considering a patient's case. It runs:—
"It is greatly to be desired that the medical attendant should, in his statement of the case, mention any opinions to which he may have committed himself, so that the consultant may not unwittingly contradict him."

"Is that not a fair specimen," asked my friend, "of what you doctors call medical etiquette? You suggest that it is desirable for a consultant to be well informed previously so that he may agree with what the family attendant has said?"

"I admit that the paragraph does somewhat startle me," I replied.

"Why should the consultant not wittingly contradict the attendant if the latter is wrong?" the barrister continued.

"I think the author's idea is this," I answered, "that a contradiction would lead to the medical attendant being distrusted by the patient."

"Quite so. But why should the medical attendant not be distrusted if he has displayed ignorance over the case according to the consultant's finding?"

"Because he might yet remain the best man to remain in ordinary attendance, especially as he would continue under the guidance of the consultant."

"Ah, I see, you mean that when a patient is at the mercy of ordinary medical attendants he is left with a choice of evils."

"No, I mean that the original attendant, provided he be a

doctor having average knowledge and abilities, is the best attendant to continue watching and treating the case after a consultant has helped him to arrive at final conclusions."

"You will forgive my persistence," my friend went on, "but the paragraph I have shown you is mysterious, if not actually disquieting, when read by a layman, and tends to confirm common opinions regarding the nature and application of medical etiquette."

"If a medical attendant be not competent to continue in attendance in the opinion of the consultant," I further explained, "then the consultant can advise the patient to call in another medical attendant."

- "Ah, but does a consultant ever give this advice?"
- "Yes."
- "When have you known it?"

At first I hesitated, but was obliged to admit: "The only case I ever knew was when the consultant was likely to derive more advantage from the second attendant than he did from the first. He had been called to other cases by the second attendant often, and had thus pocketed many fees in association with him, while the first attendant had not required his help at all and only called him because the patient urged it."

"According to this reasoning of yours," my friend cynically remarked, "consultants may be evils, as well as medical attendants, for a poor patient's choice."

"Doctors are not quite so bad as they paint themselves in that paragraph," I answered. "I would rather have a doctor of medicine take care of my health than I would have a doctor of law take care of my purse. There are very few professional men or business men in the world to be trusted, when a keen competition makes it difficult for them to make a living. I admit frankly that some doctors of medicine are scoundrels, but I feel sure they do more good in the world than lawyers. Thousands of doctors attend thousands of patients for nothing. I never knew a lawyer to do more than set a sprat to catch a mackerel."

"Ah, doctors' free attendance looks like a sprat, too," ejaculated my friend. "But you are quite right, there are rogues in every profession; there are rogues even amongst parsons!"

I did not feel quite comfortable that I had had the best of the argument throughout. Notwithstanding this, I remained of opinion that there was a more favourable construction to be placed on the meaning of my friend's quotation, which he brought me, I would apply the same test as I have advocated in another connection, earlier in this book; in further pondering over the question, I would ask, would the etiquette as advised in this passage lead to the best being done for the patient? All things considered, and in the majority of cases I believe it would. A distrust of the ordinary medical attendant would lead to the calling in of another who had not watched the case from the first, and who might be disappointed that he was not called in first. A patient hardly ever benefits when doctors disagree, or when one ascends at the expense of another. Therefore, though the paragraph might be read unfavourably by one of the laity, and though the teaching in it might have been expressed more happily, even for medical men to read, I am of opinion that the advice contained in it would lead to the best being done for the patient.

The best mode of procedure to be adopted, (a), when a general practitioner knows that his patient or the patient's friends desire to have a consultation, and (b) when he himself would wish to have another doctor's opinion, is the following. In the former case he should never raise the slightest objection, unless, perchance, he should feel quite certain that the patient would rapidly show signs of improvement. If he should be of opinion that the following day, for instance, would bring a marked improvement, he would be justified in pointing out

to the patient and friends that asking the attendance of a consultant would be premature. But he should do this pleasantly and naturally; he should not attempt to convince them against their will, or to bully them, or he may have to suffer for his pains: if a reasonable and good-natured answer be of no avail then the medical attendant should agree that a consultant be called, or he may be supplanted by another attendant. Friends often want another opinion just at the crisis of a disease, when the morrow will show a happy improvement in symptoms. The arrival of the consultant at a fall of temperature is an unfortunate thing for an attendant. the credit for improvement in the case may be due to the latter and yet be conferred on the former. It may be supposed by the friends that the consultant had worked a miracle, or that his intervention had been amply justified, when in reality he might just as well have remained at home.

Nobody derives any advantage—except perhaps the consultant—when the faith reposed in the unblamable family medical attendant is upset, and when he has his reputation quite undeservedly shaken. If the attendant be not quite certain of the issue, and also desires a consultant, then he should act rapidly and willingly if he wish to save himself from any untoward contingencies that may occur. He should first ask if any particular consultant were desired, and at once offer to write or telegraph for him. He should not let anyone else send. He ought always to exercise some guiding influence in such a situation; he has a right; and he should always be in a position to nominate a good man without hesitation if the selection be left entirely to him. Moreover, he should always make the consultant thoroughly understand that it is also his own desire that he should attend to give advice, and not leave it for others to mention, so that the consultant may know at the outset that the meeting is either at the attendant's instigation or according to his acquiescence and pleasure. Should a

consultant be sent for by the friends on an understanding that the attendant seems averse to having one, and without the latter's knowledge, then, when he finds out, it is open to him to resign or to make the best of the situation. He will judge which step he can afford to take in the matter. And the reader had better know distinctly that sometimes friends of patients do send for a consultant, when they have not the courage to discuss the matter with their doctor, intending to risk all consequences. The attendant may not have actually opposed the idea, but sometimes people have imagined he might do so, and have therefore been afraid to approach him on the subject.

The attendant himself wishing to have other advice, (the patient and friends not realising the gravity of the case, or the attendant anticipating a fatal issue, thinking there might possibly be discontent afterwards if he remained alone responsible) had better tell the patient and friends that he would like another doctor to give his opinion; not that he is obliged to state that he feels incapable of going on with the case, but merely explaining that he deems it only right that everything possible should be done in the patient's interests.

Procedure, in all instances, will be governed largely by circumstances, and, above all, according to the confidence with which the ordinary medical attendant is received in a household. I have known instances of patients who have died in the hands of even quite young practitioners, no one having expressed the slightest desire for any further opinion at any period of the illness: in fact even the suggestion made by the attendant that another man could be called if they wished had been negatived at once. I can assure the reader that nothing helps to give confidence better than an open desire on the part of the attendant to meet the wishes or feelings of patients or friends.

I myself as a young general practitioner many times offered to procure a specialist's opinion when the offer was refused. Sometimes I reluctantly let the matter-rest, but on other occasions I introduced a consultant, notwithstanding, in the face of the fullest confidence expressed, for my own particular reasons—enemies outside might have gossiped even when immediate friends were satisfied.

The consultant should arrive punctually, after an appointment has been made, either at the patient's or medical attendant's house, according to arrangement; and, first of all, a discussion of the case should take place between the two, in a room with closed door. Then the two should proceed to the sick room. I am not going to give instructions how either should conduct himself before the other, for I suppose the two to have common sense and to be gentlemen; if so, they will know quite well which one should precede the other on entering. I think too much nonsense has been written on the subject of bedroom deportment and precedence, as between consultant and attendant. The two are gentlemen; that should be sufficient; if they are not, then they ought to be.

The attendant will know all about his case at the moment the two arrive, unless a change has occurred since last he visited. He will help the consultant to make an examination of the patient, and even draw attention to anything peculiar, as a junior would work with a friendly senior under any serious circumstances. The attendant should not stand by as though watching whether the consultant would discover the eruption of typhoid or not; he should point out where he has already found it. There should be the happiest and most friendly scientific discussion, as though neither were to be a penny the worse or the better for it. That is the feeling that should actuate the two.

Nothing should be done or said at the bed-side which the patient or friends had better not hear or see. A discussion can take place at the bed-side, but must be conducted under f_{ull} discretion. There are points concerning most cases which

no one else but medical men have any right to puzzle their brains about, and these should therefore be kept for closed-door discussion in another room, after the patient has been examined. The attendant or consultant—it scarcely matters which of them -should inform the patient or friends that they would both like to go into another room in order to talk over the case. discussion, and when medicines have been agreed upon, the consultant should explain why any change is to be made, if any, and should do everything in his power to neutralise the prejudicial effect such change might have upon the ideas of any concerned. He should administer careful words of information and comfort to the patient and friends and bid a pleasant good-bye. Relations and friends may be further spoken to afterwards, downstairs, and on no account should the consultant and attendant be separated in this final interview. would be discourtesy unpardonable. Yet it is done sometimes: a consultant has been known to go back to confer with people in the house, leaving the attendant standing on the front door step. I am now dealing with ordinary cases; there are very exceptional instances, where an attendant may have shown ignorance or neglect; but even in such a case the consultant should not correct or reprove an attendant in the presence of the patient, unless, perchance, the attendant should have shown himself incapable of carrying out his instructions; he should point out to the attendant in private discussion that he is of opinion that he should have acted otherwise.

Any irregular conduct can follow, between the various parties, if a consultation has been arranged irregularly from the first. I have laid down the above procedure as the best to follow providing there has been a favourable inauguration. I could not pretend to extricate everyone from predicaments due to false starts, for space would not permit. What to do in case of prior unfriendliness, and a hundred other very exceptional conditions, would require a whole book to explain.

Gentlemanly common-sense, however, would carry practitioners satisfactorily through any awkward situation.

I was once asked to attend in what was represented as a serious case, and being a general practitioner, I asked the husband of the patient, who called, how long his wife had been ill and who had been attending her. I told him I could only attend either as consultant or as an ordinary medical attendant: as consultant if he and his usual attendant were willing, or as ordinary attendant if he had definitely decided not to further employ the other doctor. And I pointed out to the husband that in the latter case he must first inform the doctor that his services were no longer required and then come back and report. The man hesitated, but I explained to him—after seeing that he supposed I could call and give advice, and that the other man could go on afterwards, not knowing that anyone might be offended-that any other procedure than that stated would be quite impossible. He conferred with his wife, sending on a further urgent message that she was seriously ill and that if I would go on at once he would send a note to the other doctor to ask him to cease attendance. I went to see the patient, but found on reaching the house that the attendant himself was already there, alighting from his brougham. He had called on his ordinary visiting round, and had not received the note which had been sent him. The poor man had no idea of the dissatisfaction which the people had developed; he never dreamt that a further opinion was desired; he had always conceived himself so much appreciated. The people feared to offend him by indicating their want of confidence; that is the explanation. They were attached to their doctor—a man much loved by all his patients—and yet they felt they would like to have further advice. I rang the bell of the house, and was met by the husband, who seemed alarmed at the situation and asked me to call again. "Oh, no;" I replied, "I have come to see a case under arranged circumstances,

and if the doctor is here ask him to come down; I wish to see him." With a countenance full of consternation he showed me into a sitting-room and went upstairs for the doctor. I explained to the latter, when he came down, the whole circumstances of my being called, to his astonishment. And, after a few minutes' deliberation, I told him I thought the best thing to be done was that I should see the case with him, and for him to go on in attendance afterwards. I found that his treatment of the case could scarcely have been better, according to my idea, and so everything went well.

I give the above instance as illustrating several points. As regards the attitude I assumed, I can only confess that I did what I would have liked any other consultant to have done if I had been the ordinary attendant. Any other proceeding that I could think of would perhaps have created some unpleasantness somewhere, and would have done nobody much good, apart from the question whether it would have been strictly ethical or not.

There is another question concerning medical etiquette, of quite a different kind, which seems to vex those immediately concerned very considerably, but also exercises the minds of critics amongst the general public who look on. I have not found any very definite or clear rules or laws written down in books on medical ethics or etiquette regarding certain methods of commencement of practice adopted by medical men: How may a man begin practice? to act fairly and honestly towards the rest of his professional brethren? I know instances of life-long quarrels being sustained between medical men, on account of the method of first commencing practice in a district adopted by one of them. I know one instance of a quarrel lasting ten years, which dragged several medical practitioners into it, and a large number of the laity also, the main grievance being that one of the two prime contestants had begun practice without purchasing an established one.

men wore themselves to grey hairs and premature old age in their relentless war waging. Year after year it went on, and in the end one of them had to retire beaten and disgusted. I do not unfairly misrepresent the effect which such an undignified and persistent exhibition of quarreling had on outsiders generally, when I aver that for miles around this professional feud lowered the prestige of the doctors immediately concerned, and gave the general public advantages which extensively and variously militated against all the other practitioners' interests in the neighbourhood. The public played upon the two who were at enmity with one another; there was a good deal of lowering of fees, and adoption of irregular methods by both sides, in order to enlist the sympathy of the public.

And what was the real nature of the grievance? A certain doctor's practice was beginning to show signs of decline-we need not trouble to consider why—and he was advised to sell. He kept an assistant, and this assistant happened to be exceedingly popular; so much so, that many patients of the practice proposed to him that he should remain in the district when the practice was sold, and work up a connection of his Thus this assistant certainly had very strong inducements: his work had been very much appreciated at the same time that his chief's services were growing of less value. However, for the time being, he went away for a well-deserved He would think about it: Should he? Yes: he would return and commence practice on his own account. The practice was sold to a man who had no idea that the assistant was being strongly persuaded by his former patients to start in practice on his own account. Forthwith the purchaser developed the bitterest enmity towards his opponent, who had acted on the persuasion of his friends, after being promised that he should have such support as would make his future unquestionably successful, and accused the latter of having acted grossly unprofessionally in filching a portion of what had been bought and paid for. The more they fought the more patients the young practitioner, commencing with only a plate and the sympathy of his friends, secured. In a short time money poured into the lap of the young weakling as against the stronger, older, and more experienced practitioner of purchase. In the end, after ten or twelve years, the purchaser gave way and left.

Now, I give this case as illustrating most trying and provoking circumstances on both sides of a quarrel, and the reader may well wonder what ought to have been done, both by the assistant and by the chief, in order that everything might have proceeded smoothly for both. I have, in a previous chapter, given my opinion that all principals should without exception have agreements with their assistants, dispensers, or locum tenens, if they wish to avoid future trouble. I have the greatest sympathy with the purchaser in the above case, but he should have been sufficiently businesslike to make certain that the assistant belonging to the practice he was purchasing would not oppose him, before he signed his agreement to purchase and conduct the practice. It is no use supposing in such matters: a purchaser requires guarantee or agreement when dealing with medical practices as with any other marketable quantity, or else he must take the consequences. The purchaser referred to above, doubtless never dreamt that the assistant would commence practice in the district on his own account.

And what about the conduct of the assistant? My sympathies must go with him also. He was poor and had to think of his future. He had done good work and earned the good opinions of the public. He had signed no agreement not to practice in opposition. I have greater sympathy for the man who has no money to purchase with. Did the young man commit any crime? Did he break any law in medical etiquette? The purchaser said he did; but what was the

unwritten law? There is no unwritten law; there is only a flimsy understanding amongst certain members of the medical profession that one man shall not run away with patients whom another purchases. But how can you buy patients? You can merely buy your chances of obtaining patients, and you had better be wide-awake in negotiating, and learn what others are going to do, before striking a bargain. The assistant did not even give his word of honour that he would not practice. He was never asked what his intentions were. No: the trouble arose, in this instance, through the purchaser not having all his eyes open.

Medical etiquette can be practised to quite a ridiculous and unreasonable degree, and some purchasers would even go so far as to argue that the signing of an agreement to purchase ought to carry an unwritten and understood clause to the effect that no other doctor should approach within two miles of him. Understandings are just as dangerous in the medical profession as in any other profession or business. dangerous because they do not define, and because there is no legal obligation about them. Unwritten laws in these days of advancement are worse than useless very often. There is no strict order now-a-days, when business enters, without law. There can always be an etiquette, or a gentlemanly and natural ethical spirit, pervading a body of decent men, just as all manners and customs of higher society ought to be more advanced and finished than they are in the lower classes, but it is no use blinking the fact that conducting the work of any profession properly must involve the adoption of business methods and rules and laws. Therefore, agreements and printed laws are as essential in the one as in the other, and can be the only final instrument to guarantee order when quarrels arise. In common conduct, let medical men be gentlemen towards one another, but in the business that belongs to their profession let them be business men and we

shall hear less of "nonsensical etiquette" than we do now. Let there be no "according to an unwritten law;" let medical men know what they may do and what not. And how ought they to know these things? Though that combination and union for the interests of all which in the foregoing pages I have so frequently advocated. Let organisation proceed not only on local and little lines, but let it focus itself towards an all-powerful central council and tribunal in the same manner that urban and county councils of common constitution have their controlling and essential force in higher tribunals, and in further Acts of parliament when necessary. How can local unions cleanse the profession from irregularities, and elevate the status of medical men as a whole, unless their efforts are brought under a general union and a properly-representative and adequate central governing body?

The assistant in the case we have considered was not a "Squatter" pure and simple; he was no stranger in the district; he had already practised some time amongst the people of the district. The word "squatter" is commonly applied to young medical practitioners who simply put up their plate wherever they may wish, without let or hindrance, without questioning or seeking permission. Some refer to this poor class of practitioner—generally poor, but not always—in terms of reproach, as though they were outlaws and robbers! What nonsense! "Unwritten laws" will again be thrown in my face by those who have large capital to invest and who are terrified lest they shall lose a lot of it—poor business men! Now, let me ask, How on earth is anyone to decide which is doing wrong, which is committing a crime or breaking an "unwritten law," the young practitioner who plants himself all of a sudden as a fourth doctor in a provincial town of three thousand inhabitants, where "there have never been more than three doctors in the place in the memory of man," or the beginner who has heard there is an opening in the north-east suburb of London, where a large number of new houses have been built? Where is the malefactor? It is absolute nonsense to argue that the former is a scoundrel of the first order while the latter is immaculate.

I firmly and deliberately record my opinion that any properly qualified medical man should be entitled to practise anywhere he chooses as long as he has broken no valid agreement, and as long as his methods of practice are quite honourable. Such an opinion has not been universally held in times past; such an opinion is far from being universally held now; but it is quite certain to be one universally abided by before very long, simply because it is reasonable and not narrow-minded, because it conforms with common, honest, and straightforward "Unwritten laws" are uncompetitive business usages. certainties; they are indefinable ethics which are a false quantity and therefore a danger. Who shall decide whether the Island of Jersey, for instance, or the town of Grantham, shall have twenty-six doctors or twenty-seven? The general public may well be mystified when they hear the terms "Medical Etiquette," and ask, "What is it?" Medical men themselves do not know, my reader. Who can know unwritten laws-laws so undefinable and absurd that they could not be written?

There is better work for the shrieking advocate for full observance of "unwritten laws" in our out-patient departments of hospitals. Let him shriek there with all his might, and put an end to the abuses that work so much havoc with the interests of the profession at large, eating their malignant way into the prospects of poor struggling practitioners.

How shall gentlemen doctors view lady doctors? There is one very simple answer to this question, namely—As gentlemen. The men acting as gentlemen, I mean, though they would not be acting very wrongly, incorrectly, or unfairly if they viewed the ladies as though the latter were gentlemen.

If ladies are able, if they qualify, and if they feel disposed, they have just as much right to practice in the medical profession as men have. It is their pleasure—it might seem to some their duty—and man has a right to countenance them in the very best, and most charitable, and even perhaps sympathetic and deferential spirit.

The questions whether doctors should dispense their own medicines, on the one hand, and whether chemists should prescribe on the other, have been burning very fiercely of late years, and there is every indication that the embers will ultimately spell out these decisions:—Firstly, that chemists should on no account prescribe, because they are not properly qualified as doctors are! No prescriber should have a qualification less than that which allows a man to register as having passed medical and surgical examinations conducted by certain schools of medicine, proving himself to be fit to engage in ordinary medical, surgical, and obstetric practice, and showing that he understands diseases and conditions well enough to treat them properly and safely. Secondly, that medical practitioners should be allowed to dispense their medicines if they wish, for two reasons:—(a) Because of convenience—chemist's shops not always being of a kind, and not having always a position, suitable for all medical practitioners to send their patients to; and (b) because many medical practitioners have confidence in their own-made medicines and in the quality of them. Chemists can argue as they please, but I would remind them of this simple fact: that the quality of their drugs varies, and therefore the action of them on patients must vary. Doctors have a right to be certain of the quality of the medicines they order their patients. Now, no more dictation Mr. Chemist! I shall tell you some awkward truths if you choose to continue to argue I shall tell you that I have tested your drugs and have sometimes not found two alike: I shall tell you that some of you have put in perchloride of iron and quinine when your

careful physician has ordered his patient the citrate of quinine and iron. I shall tell you more still if you are not careful!

I am again persuaded to make reference to homeopathic doctors while touching upon medical ethics. When an orthodox practitioner remarks that it "would not be in accordance with the strict rules of etiquette" to hold a consultation with a homeopathic doctor, a patient is apt to sympathise with the latter and suppose him to be the cleverer of the two: simply because the former appears to be jealous the latter gets the credit for being the best man. I give my opinion that an orthodox practitioner certainly ought not to have anything whatever to do with a homeopathic practitioner, and for this very simple reason, because the latter's principles are open to serious scientific questioning, but far more because his practises are usually unprofessional, and frequently dishonourable and discreditable, as I have attempted to show in an earlier chapter. Homeopathic practitioners adopt methods of drawing and convincing certain people which honourable men could not stoop to: I do not say all do, but most of them do. I have tried to find an honest one myself, and have failed. There are some people who will believe in Christian Science and in quacks, therefore it is hardly surprising that homeopathic doctors are able to gather together a considerable following.

The only institution which knows how to deal with homeopathic practitioners appears to be the Royal College of Surgeons of Ireland. Amongst the laws and regulations of this institution is the following:—

"No Fellow or Licentiate of the College shall seek for business through the medium of advertisement, or by any other disreputable method, or shall consult with, advise, direct, assist, or have any professional communication with any person who professes to cure disease by the deception called Homeopathy, or by the practice called Mesmerism, or by any other form of quackery, or who follow any system or practice considered derogatory or dishonourable by physicians and surgeons. And be it furthermore resolved, that, in the opinion of the Council, it is inconsistent with professional propriety and derogatory to the reputation, honour, and dignity of the College, to engage in the practice of Homeopathy or Mesmerism, or any other form of quackery as hereinbefore set forth."

Why homeopathic practitioners are allowed to employ irregular and unprofessional methods (and their principles of treatment being entirely unscientific—as homeopathic literature is quite sufficient to show the average thinker—would stand them in very poor stead if it were not for these irregular methods) one may well wonder, until one realises the want of a Medical tribunal meeting seriously in order to study the interests of the profession as a whole in the United Kingdom; one fairly and fully representative, one that would be powerful and courageous enough to deal with all abuses and irregularities, whether of doctor or patient; a governing body that would take in the management of hospitals in its purview, and consider every question concerning the profession. Doctors are eminently separated individuals, the more so because amongst themselves they are extremely jealous and self-sufficient.—They need the strong forces of union and proper representation in a central governing body. No class of professional men is so weak in promoting salutary improvements needing further enactment of parliament: the more recent bills put forward have received but a very weak-kneed and disjointed backing up by the profession as a whole; they have been imperfect and disappointing.

Nor is the profession properly represented in parliament: but this is chiefly the fault of the profession itself, segregate and disorganised as its members are. Doctors lose by these defects in professional constitution: but the laity does also to an incalculable extent.

APPENDIX A

DOCTORS' FEES

Both the public and medical men would benefit very considerably by certain regulations to govern the fees charged by the latter to patients, in that that for which a doctor were properly paid he would at least be able to provide. How can medical men do justice to cases of serious disease when their fee is insufficient—certain poor people being unable to pay more, while the doctor feels obliged to take the low fee because he has a living to make. A medical man should not be allowed to sell three bottles of medicine for a shilling, as many find themselves constrained to do in our slums, or to undertake to visit a patient at the latter's home and provide medicine for something under a shilling. The members of the medical profession are themselves to blame for all this: their governing body should prohibit the cutting down of charges to such an extent that it is impossible for patients to receive appropriate medicines at the price: or if they cannot look after their own interests to this end, it is time that His Majesty's Government regulated their practice. Such medicines as are sold for a sixpenny fee (for medicine and consultation) would not be deemed fit for the rich who suffer from similar diseases. There does not seem to be any reason why healthy competition should not lead to the cutting-down of the price of nearly everythingeven food, provided it be of standard quality and purity—but in the case of attendance upon bodily disorder or disease one's

very existence may be in jeopardy, necessitating adequate skilled attendance and the best of remedies. There should certainly be no difference in the quality of medicines that are to produce certain results whether a person be rich or poor. Doctors should be compelled to charge not less than an amount to be determined by those in authority, for medicine or visit and medicine; otherwise they could give their free services if they chose, and if they could afford to do so. When working under contract they should similarly receive a sum not less than a fair amount fixed.

People who can afford to pay should be made to pay doctors, and pains should be taken at our hospitals to discriminate between those who are honestly entitled to charity and those who are not. A public dispensary doctor should be paid according to the value of services rendered, by so much per annum, but certainly not the cutting contract remuneration of many of the existing medical aid and other benefit societies, such as 3d. per week for small families. Proper attendance and suitable medicine cannot possibly be supplied at something under $1/-(5\frac{1}{2}d. e.g.)$ if a doctor is working for a living and not for charity sake, for he would be obliged at this rate to hurry over his work and would thus often commit an injustice towards the suffering poor.

If asked to give reasons why we have discovered wireless telegraphy before the nature and cause of cancer, I should emphasize the fact that the rewards for discovery and advancement in the medical profession are so hypothetical and unattractive. I am of opinion that if medical men were better paid for the scientific work they engage in, the general public would be considerably the better for it. Rarely does a medical man become rich—and then it will be comparatively late in life, after he has spent many years in the hardest and most exacting labour. Mr. Lawson Tait showed the average income of medical men in England to be about £200 per annum. Com-

mercial pursuits are the best paid and offer the finest inducements to new discovery and advancement. Chemists and others have made fortunes out of doctors' brains. A scientific engineer can employ hundreds of men while a doctor can gain only through his own personal ability. The rewards open to medical men are obviously limited. What time has the average medical man to make discoveries? He has hardly time to get round to his poorly paying patients! He has hardly time to keep up all the knowledge expensively acquired in his student days!

If medical men are to keep pace with scientists in other walks; if we are to have a solution to such a mystery as cancer, then capable men should be put down to the work and be properly paid. As soon as a submarine boat or a flying machine is wanted, plenty of money is forthcoming to help inventors who can prove themselves to have fair ability; yet practically all the hard work medical men do in hospitals is absolutely unpaid for, as is also nearly all the scientific research work done by the very best of men in the medical profession. All this is truly beautiful, and noble, and kind, I am well aware! The one side of the picture looks well enough until I show the other—members of this same noble profession giving dirt-cheap medicines to the poor of the East-end, and a tired and hasty attendance, none of which would be fit for richer people—Where is the benevolence and honesty of it?

If medical and surgical advancement is to be a credit to a people who show praiseworthy general advancement, two things must occur to ensure this. The members of the medical profession must gird their loins and unite in battle in order to secure an enhanced prestige: they must eschew the undercutting evils of keen competition, claiming better pay and a higher respect. On the other hand, the general public must at the same time appreciate the fact that it is unreasonable to expect medical men to devote their lives to succouring and

saving humanity, and in endeavouring to make scientific discovery and progress, while they are flagrantly insufficiently paid.

"God and the doctor men adore
When sickness comes, but not before;
When health returns and things are righted
God is forgotten and the doctor slighted."

APPENDIX B

VIVISECTION

THE medical profession has received from a certain section of the public quite an undeserved opprobrium for permitting amongst its teachers and experimenters a certain amount of vivisection. The Anti-vivisection Society has been painstaking in its efforts to search out instances of cruelty, and has sometimes even gone beyond the bounds of decent antagonism by collecting a mass of evidence which has been of the distinctly specious, not to say perverted order: the result has been an hysterical clamouring which has held up doctors to be a heartless and cruel body of men. Recently a Russian medical man has, with infinite bad taste and not altogether creditable design, sought to swell the evidence of the Anti-vivisectionists by including in a publication certain carefully selected instances, not, it would appear, so much in order to relieve his agonised conscience as to pander to a public craving for sensational and morbid details.

The allegation that vivisection has increased, if a fact, does not argue that the members of the medical profession are any more blood-thirsty or cruel; it really proves that vivisection has been found so very valuable as a means of investigation. Medical men are not any more cruel than other men. In their scientific studies they do not enjoy vivisection—anything but that—and they only engage in it for the ultimate advantage it will bring to humanity.

All medical men agree that vivisection should be limited to necessity—as it is, really—even by law. What may be the degree of this necessity is not for Anti-vivisectionists of the laity to determine, but for His Majesty's ministers—who have enquired into the matter and who have been satisfied. The reason why the Anti-vivisection Society obtains so much support is this: Any form of apparent cruelty naturally affords easy raw material for working up-just the thing for the creation of heart-felt horror and anguish. An instance need only be heard of and a cry of distress will at once rend the air. Dumb animals are likely to receive more sympathy than even human beings. Once instances are brought forward, a hunt for others is organised, until an appalling amount is imagined. Needless to say, the gentler sex are the most susceptible, while the more effeminate of the sterner sex set out to sympathise with the gentler sex, rather than with animals—until doctors are dubbed "inhuman monsters"—men who as a body are ministers to, and preventers of, suffering, all their time, by profession, word and deed.

But what is this I see? Merciful anti-vivisectionists wearing feather and fur—of birds and animals which have been done to death, often in a horrible manner! I see them eating the flesh of animals—slaughtered for food! I note their clothing to come from West End shops which practically all employ cruelly sweated human beings! I see their shooting-box keepers trapping rabbits with bone-breaking and slow-torturing appliances! I observe their gardeners killing snails and moles, unmercifully and foully!

No! Anti-vivisectionists should first look at home, and leave scientists to their duties on humanity's behalf.

What about the handful of medical men who have joined the ranks of anti-vivisectionists? Who are they? They are merely enterprising men who are ready to go wherever there is a chance of getting patients. They know perfectly well that other members of the profession are not actuated by a spirit of cruelty or unscrupulousness. They elect to go where the hysterical shouting is, knowing that there also is a chance of gain. But they are very dishonest when they encourage their party to believe that the bulk of medical men are heartless and cruel.

APPENDIX C

SOME CAUSES OF MEDICAL DIS-ORGANIZATION

The medical profession has suffered from want of proper organization as long as I can remember. Its principal journals deal with the subject decade after decade; yet nothing is done, no headway is made. The reasons for this are not altogether easy to give, but some of them may be found amongst the following paragraphs:

The profession is crammed full of clever and able men: this goes without saying. But such men are helpless in a profession whose units are all segregate, with little to create a bond of union amongst them. The voices of individuals are more or less stifled when an attempt is made to cry aloud. Indeed, medical men must not cry aloud for fear of advertising. They have no press to appeal to to catch a public vote. They must not court publicity of any kind. All this is well in its way, but it is so much a burning of lights under bushels, which together might create a brilliant field of illumination, out on the open, for organisation and review.

Yet this necessary and decorous abstention from seeking publicity has not kept away the spirit of jealousy, as some might imagine it would. Medical men are the most jealous of one another of all professional men. They hate one another, as a rule, and only tolerate the company of their confreres with a cynical and growling disquietude, allowing that interchange of ideas is advantageous enough but only possible to those who

can keep their tempers. The extreme jealousy prevalent in the profession is begotten very largely of the keen competition resulting from overcrowding, there being more medical men by far, in proportion to the population, in England than in any other country in the world: one must not overlook this important point. But the argument I wish to urge is that jealousy is prevalent, and that this causes a disposition to segregate; the result being want of proper organisation. Medical men, I know, will deny that they are capable of showing jealousy to any great extent. Here is also a fault of theirs, want of candour.

Another great cause of disorganisation is disinclination to reveal the true state of either self or "Denmark," to one another or to outsiders. Medical men do not like to uncover their disease spots. They do not wish to give themselves away. Each likes to make the rest believe that he is in a much better position than he really is. The fact is that most medical men are illusioned from the very beginning of their medical study. They have expected and looked forward to a different life from what they have ultimately find out is possible. Thus they have developed a complaint—a dry-rot—which they are ever solicitous to cover over with a nice appearance.

Attempts at proper organisation have been made by office seekers, who have utilised whatever office they have obtained or position they have reached to further their own interests. Supposedly representative bodies have really consisted largely of consultants who have known little of the condition or requirements of the main body of medical men, and who have cared less as long as incompetency or neglect in general practice, under a grinding-down competition, has had the effect of filling their own consulting rooms. Councils or governing bodies designed to watch over the interests of the profession, should be more fairly representative of the whole body of medical men than they have hitherto been.

It may possibly be misunderstood by the reader what form professional jealousy may take and how it is made manifest. Many might not believe that it exists to any appreciable extent. To illustrate one form, and suggest its effects, I might imagine an instance of any proposed union or organisation, local or general: the moment certain medical men should attempt to assert themselves a number of others would either have nothing to do with the cause, or, place-hunting themselves, would enter in order to cause strife and tension, if not to upset plans entirely. Medical men seem inclined to make for the interests of self rather than discern the greatest value in comprehensive movements in favour of the profession as a whole. Therefore they remain eternally segregate and comparatively powerless.

The overcrowding in the profession is largely due to competition among the licensing bodies, competition resulting from the keen endeavour to increase numbers on the part of those responsible for the management of medical schools. The more students there are, the more money passes into the pockets of the teaching staff. One could easily imagine that this might lead to want of stringency in the entrance examinations.

APPENDIX D

A PROPOSED MINISTRY OF PUBLIC HEALTH

Why not a ministry of Public Health? Where do agriculture and commerce come in if a nation is going to pieces mentally and physically? What is the good of a War-Office reorganization, and the fullest preparations being made for war abroad and defence at home if our personnel is weak, mentally and physically—particularly the latter?

We have urgent health questions of various kinds pressing for wise legislation, but there is in our parliamentary medical representation an insufficiency, there being a lack of cohesion and co-ordination on the part of the miserably few medical men who represent, and there is in our medical profession itself a lack of concrete decision and united determination in its members that renders it comparatively helpless and inert. In order to gauge what work there is for a ministry of public health to attend to, let us look for a moment at a few items:—

- The Medical profession suffers from serious disorganization —serious as affecting the commonweal as well as its own prosperity. A Ministry of Public Health would spell reorganization.
- 2. Medical Officers of Health should not engage in practice amongst the people; they should enjoy a more permanent tenure of office and be properly paid, not being thumbscrewed by councillors, or subject to dismissal at the

- whim of the latter, who are often merely self or partyseeking when considering questions of public health.
- 3. Consumption should be made a notifiable disease, and the necessity for taking due preventive precautions should be impressed upon the public.
- 4. Physical education should be encouraged by the establishment of gymnasiums; and swimming baths should be provided.
- 5. The housing of the working classes requires learned and urgent consideration.
- 6. A higher authority than merely Boards of Guardians should be responsible for the exercise of the vaccination laws.
- 7. All classes require educating in methods of maintaining health that may be adopted by individuals themselves.
- 8. Rampant quackery needs repressing.
- 9. The public should either be warned against the dangerous abuse of narcotics and poisons, by being instructed as to the nature and ultimate effects of such when taken without the sanction of a medical man; or a more stringent legislation should be devised to prevent the purchase of such drugs by any who are not directed by medical men.
- 10. There should be adequate provision of Sanatoria for certain diseases, such as consumption and other infectious diseases.
- medical examinations of school-children by specialists, not so much for the detection of specific diseases as for the purpose of obtaining both a particular and a general survey of the physical and mental condition of the young.

- 12. Venereal diseases should be made notifiable; for a very large amount of mental and physical wreckage exists on account of these diseases alone.
- 13. We require a standard of purity for food: also for drugs and drink. Adulterations, preservatives of food, patent foods, misrepresentation on the part of the retailer—these are questions needing urgent attention.
- 14. Medical men should be urged and encouraged to pursue the study of diet, to the end that more definite and more scientific conclusions might be arrived at.
- 15. The question of provision of food to the poorer classes, its preparation, cooking; instruction in food values, and in food purchase, for all classes—such need immediate attention.
- 16. Infant mortality would bear investigating without delay.
- 17. Full opportunity and every encouragement for medical research should be provided, so that such diseases as cancer might be fathomed.
- 18. The question whether marriages should not be subject to some sort of regulation, by means of a new form of licence, needs deeply considering, it being held that the offspring of diseased persons will likely also be diseased.
- 19. There is a crying necessity for the management of our hospitals to be fully enquired into.

